

LOUISIANA DEPARTMENT OF INSURANCE

04-165

STRATEGIC PLAN

FISCAL YEARS 2017-2018 – 2021-2022



**COMMISSIONER OF INSURANCE
HONORABLE JAMES J. DONELON**

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LOUISIANA DEPARTMENT OF INSURANCE

VISION

Insurance is available at fair, affordable rates through insurers that are financially sound and that operate in compliance with the laws, rules and regulations designed to protect the interests of the citizens of the state.

MISSION

The mission of the Louisiana Department of Insurance is to regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and to serve as advocate for the state's insurance consumers.

PHILOSOPHY

The Louisiana Department of Insurance recognizes its responsibility as regulator of the insurance industry in the state and as advocate for insurance consumers to improve the availability and affordability of insurance, thus affecting the quality of life of the state's citizens. By assuring that insurers in Louisiana are financially sound and its producers are knowledgeable, the LDI's role is essential to maintaining existing business and industry, to growing the Louisiana economy and to protecting lives and property of the state's citizens. The LDI emphasizes teamwork throughout its staff and management, encourages the exchange of ideas between staff and management, focuses on identifying and satisfying customer needs, builds its reputation for fairness, courtesy and reliability, and maintains high ethical standards of honesty and consistency.

DEPARTMENT GOALS

- I. Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state's insurance consumers.
- II. Provide necessary administrative and operational support to the entire department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

CLIENTS & STAKEHOLDERS

Insurance consumers (policyholders, beneficiaries, claimants)

The LDI serves the insurance policyholders, beneficiaries and claimants by fairly and impartially regulating the insurance industry and striving to improve the competitive market in Louisiana so consumers have more choices.

Within the Market Program and its compliance divisions, the LDI provides direct services to individuals who seek information and assistance when regulated entities do not satisfy their expectations as policyholders, beneficiaries and claimants. Assistance from the LDI may result in additional payments to insureds/claimants or may provide additional information so the consumer may reach a better understanding of lawful behavior by insurers, producers, adjusters and other regulated entities. Further, the Department conducts financial and market conduct examinations which protect consumers by monitoring financial solvency and business practices of regulated entities and investigates fraudulent insurance practices or regulated entities and claimants. The LDI also conducts outreach to educate and inform member organizations, students and the general public about the impact of insurance fraud.

Within the Administration Program, the LDI provides stakeholders informational materials on its website and through brochures produced through the Office of Public Affairs and distributed on request and through presentations made by the Office of Consumer Advocacy and Diversity, including the Senior Health Insurance Information Program (SHIIP) which educates and informs Medicare and potential-Medicare beneficiaries of their choices in the marketplace. The LDI further serves this constituency through the Commissioner's ongoing efforts to attract insurers to do business in our state.

Regulated Entities (insurers, producers, adjusters and others)

The LDI serves regulated entities by enforcing regulatory law in a fair and impartial manner.

The Market Program conducts all required licensing, license renewals and registrations for persons and entities engaged in the business of insurance. Where authorized by law, the Market Program preapproves insurers' rates and forms before they can be used in Louisiana. The Market Program also examines licensed entities, with timing dependent on statute or need, and collects insurers' fraud plans, annual updates and fraud statistics. Through the Louisiana Property & Casualty Insurance Commission and the Louisiana Health Care Commission, the LDI maintains open dialogue with stakeholders specific to the areas of P&C insurance and health insurance to keep all abreast of changes to the regulatory, statutory and economic environment.

Within the Administration Program, the activities serving regulated entities include maintaining statutory deposits, collecting and processing payments of fees, assessments, taxes, and fines. The Information Technology Division works with industry to improve reporting systems and access to information. Further, the Division of Diversity and Opportunity helps prepare minorities and the disadvantaged for careers in insurance.

Citizens of Louisiana

Citizens of Louisiana are best served by a healthy economy; the LDI takes seriously its role in helping to provide for a healthy economy by enabling a healthy, competitive insurance market with companies who are financially sound and properly responsive to its policyholders.

While most regulatory functions reside in the Market Program, the Administration Program also oversees some important interactions with regulated entities. Both programs maintain records in a manner that makes the regulatory process transparent to Louisiana's citizens.

Additionally, the Administration Program serves the citizens of Louisiana by diligently and properly handling accounts payable and receivable, maintaining records and performing physical inventory, developing and administering responsible budgets, adhering to printing, purchasing, bid, and public record laws. This Program also executes record retention policy in concert with the Market Program, in accordance with law.

OVERVIEW, INCLUDING EXTERNAL FACTORS AFFECTING PERFORMANCE AND AVOIDANCE OF DUPLICATION OF EFFORT

In preparing its seventh strategic plan, the department has reviewed its previous strategic plans and evaluated its success in achieving the goals and objectives set forth therein. Two department-wide goals continue to flow down to program level. We believe that the goals, objectives and indicators presented in this seventh strategic plan reflect what we expect to achieve and provide good measures of our progress toward those achievements.

The Department of Insurance maintains its commitment to transparent, accountable and effective government by providing information regarding the Department and its services to the public via its website and in response to all public records requests. Our concentrated efforts for enforcing existing laws fairly and consistently and our diligence in proposing new laws as needed help attract insurers to the state and support our ongoing efforts to promote a more competitive market. The LDI embraces technological advances, as they improve the department's ability to serve the consumers whose interests we protect and the producers and insurers we regulate.

The LDI has made significant and noteworthy organizational changes as defined by ACT 274 of the 2015 Louisiana Regular Legislative Session. These changes necessitated the realignment and consolidation of existing LDI program activities, objectives and performance measures to adhere to necessary budgetary changes.

- ACT 274 of the 2015 Louisiana Regular Legislative Session set the reorganization of the LDI due to budgetary changes. Many divisions or offices within the LDI were moved or combined with existing divisions or offices. The Office of Consumer Advocacy changed to the Office of Consumer Advocacy and Diversity, the Division of Minority Affairs changed to the Division of Diversity and Opportunity and was relocated to the Office of Consumer Advocacy and Diversity (previously was under the Office of the Commissioner). The Office of Licensing and Compliance changed to the Office of Licensing, while the Office of Health Insurance changed to the Office of Health, Life and Annuity. The Office of Consumer Services was added.
- The Office of Licensing now consists of producer licensing, company licensing, licensing call center and statutory deposits. The life, annuity and long-term care compliance section that was in the Office of Licensing was relocated to the new Office of Consumer Services. The life, annuity and long-term care forms section that was previously located under the Office of Licensing was relocated to the Office of Health.

- The reorganization created the new Office of Health, Life and Annuity with the responsibility for the development and administration of health insurance pilot programs, research and development of rules and regulations to implement health insurance reform legislation, research and development of health insurance reform measures that broaden the availability of health insurance coverage in the state, liaison activities for the LDI with other state and national agencies for policy on health insurance, preparation of proposed health insurance reform legislation by the department; general research and implementation issues concerning health insurance policy, approval of life and annuity form filings, and additional duties and functions as assigned by the commissioner.
- The legislation created the Office of Consumer Services under the direction of the deputy commissioner of consumer services. The former compliance divisions of health, life and annuity and property and casualty were relocated to the Office of Consumer Services. Market conduct was previously located under the Office of Financial Solvency was relocated to the Office of Consumer Services.

Additional changes made to improve the function and development of programs under the LDI.

- Pursuant to ACT 43 of the 2016 Regular Louisiana Legislative session, the Division of Diversity and Opportunity activity now authorizes all entities that are authorized or licensed pursuant to the Louisiana Insurance Code may be included in the survey. Additionally charges the division with developing programs to address the needs and concerns of minority and women producers in the state. Also provides that the programs may provide training for producers in all areas of agency management and training and education for personnel.
- During FY 2014-2015, the Office of Consumer Advocacy focused its activities on responding to consumer inquiries, performing quality management audits, and maintaining its role in community outreach. This office also remains available to assist the various divisions within the LDI and will perform a second review of a complaint file upon request.
- All LDI information technology projects are approved by the LDI's Office of Management & Finance through the state and department's budget process. In prior years, projects were approved by the state office of information technology through the IT-10 process.

- The Premium Rate Review Division began the review of certain health insurance rates in the small group and individual markets on January 1, 2014. This division performs a detailed analysis and review of these rate filings. The LDI does not have approval authority over health insurance rates. The LDI does have statutory authority to review rates for compliance with both federal and state law, review rate increases that are ten percent or more to determine whether the increase is reasonable and actuarially justified, and post on the LDI website any proposed rate increase that meets or exceeds the ten percent federal threshold and undertake any other actions necessary pursuant to Section 2794 of the Public Health Service Act.

This strategic plan makes several adjustments to performance indicators to reflect the above changes, introduces some new performance measures, and makes some edits for clarity. These changes include:

- All performance indicators for life and annuity compliance division, health compliance division and property and casualty compliance division were relocated to the new Office of Consumer Services (Key indicators: PI 13958, PI 22848, PI 987, PI 22856, PI 10204, PI 25032, General indicators: PI 13959, PI 13960, PI 13960, PI 989, PI 6424, PI 6425, PI 24331, PI 954, PI 14211, PI 14212).
- In the general data reported by the Office of the Commissioner program activity, a new indicator is added to identify how many non-risk bearing companies are licensed and approved. PI 911 previously counted all of the risk and non-risk bearing companies. With the new indicator counting the non-risk bearing companies, PI 911 will only report the risk bearing companies.
- Objective for the Office of Consumer Advocacy and Diversity was rewritten since the focus of this office has changed. During FY 2014-2015, the Office focused its activities on responding to consumer inquiries, performing quality management audits and maintaining its role in community outreach. The Office also remains available to assist the various divisions within the LDI and will perform a second review of a complaint file upon request.
- Under the Office of Consumer Advocacy and Diversity, general indicator 22843 has been discontinued since the focus of the office has changed. No new complaint files originate in this office.
- New general indicator was added to the Office of Consumer Advocacy and Diversity to count the number of consumers assisted by this office.

- Objective for the Division of Diversity and Opportunity (formerly the Division of Minority Affairs) was changed to indicate the new division name. Function of the objective remains the same.
- In reviewing performance for the SHIP division, three performance indicators were deleted (PI 25341, PI 25342, PI 25343). The measures for these indicators are already counted in PI 25346 and have no significant benefit in being counted separately.
- The performance documentation sheets for information technology were updated to indicate all projects are approved by the LDI's office of management & finance through the state and department's budget process. In prior years they were approved by the state Office of Information Technology through the IT-10 process.
- Producer licensing key indicator 25405 "Average number of days to process problematic applications and renewals" is replaced by a new indicator "Percentage of all problematic applications and requests processed within 5 days". Reporting as a percentage will give a better measurement of efficiency. The process of problematic applications can vary on a broad range of completion time from one day to 60 days or more depending on the severity of the problem that needs to be addressed.
- Office of Health, Life and Annuity Forms Division revised its objective to update all the form products which are reviewed and approved by this Division. Revised objective: I.3 Through the Health Forms Division, to review for compliance with state and federal regulations, all fully-insured health policy forms/contracts, Medicare supplement rates, URO/IRO applications renewals and annual reports and discount medical plan applications and renewals within the performance standard.
- Office of Health, Life and Annuity Forms Division revised performance indicator names to specify the forms that are included in the count. (key indicators PI 12290, 22857, general indicators PI 986, 10212, 985)
- From the prior strategic plan, objective 1.4, Life, Annuity and Long-term care Forms Review was relocated from the Office of Licensing to the reorganized Office of Health, Life and Annuity (formerly the Office of Health Insurance). The objective and indicators remain the same and are still in sequence as Objective I.4.
- Objective I.5 is a new objective for the new Health Premium Rate Review division. LDI began the review of certain health insurance rates in the small group and individual markets effective January 1, 2014. This division has 3 new indicators to report performance. Key indicator 25847 counts the average number of days to process

health rate reviews. Two general indicators are added in FY 2016-2017; the number of health review rate filings received and health rate filings processed.

- Office of Property and Casualty Rating Division updated performance indicator name (PI 20282) for clarification purposes. Indicator name: Average number of days from receipt of rate filing/submission to completion of review by the LDI; “completion of review” was changed to “final action”.
- Office of Consumer Services was added as objective I.10. Existing indicators that were relocated to this office are (11937, 13958, 22848, 987, 22856, 10204, 25032, 13960, 13961, 13959, 6424, 6425, 989, 24331, 14211, 14212, 954)
- Some objectives were renumbered due to the combination of divisions in the reorganization process.

EXTERNAL FACTORS AFFECTING ACHIEVEMENT OF GOALS

The department strives to be creative and flexible in meeting the challenges that threaten its ability to meet its mandated responsibilities as insurance regulator and consumer advocate. Some of external factors that affect our ability to achieve our goals are:

- Costs of keeping pace with advances in Information Technology.
- Legislative mandates.
- Willingness of financially sound, consumer responsive insurers to do business in Louisiana.
- Federal government intrusion into the regulation of an industry that has been left to states since the passage of McCarran Ferguson Act in 1945.
- Conflict arising from federally mandated provisions (law and regulation) which have no counterparts in state law making the LDI’s regulatory authority clear.
- Unrealistic expectations on the part of the public with regard to insurance pricing and scope of coverage provided.
- Dependence of year-to-year funding by appropriation of the legislature at levels lower than the costs borne by regulated entities.
- Assessment collected by the Department also supports several retirement and pension funds and the municipal fire and police civil service.

AVOIDANCE OF DUPLICATION OF EFFORT

The creation of the Office of Consumer Services avoids duplication of effort. The Office was created during the LDI reorganization under ACT 274 of the 2015 Louisiana Legislative Session. The Office combines all of the complaint sections (health, life and annuity and property and casualty) of the Department into one office. All complaints will be accepted in this office instead of being received within each office of specialization based on type of insurance involved in the complaint, as was done previously.

The relocation of Market Conduct from the Office of Financial Solvency to the Office of Consumer Services avoids duplication of effort. Market conduct pertains to the investigation to determine whether an insurer is in compliance with laws relating to the distribution of products to consumers and settlement of claims. Market conduct regulation attempts to ensure consumers are charged fair and reasonable insurance prices, strives to ensure consumers have access to beneficial and compliant insurance products and are protected against insurers that fail to operate in ways that are legal and fair to consumers.

STRATEGIES FOR DEVELOPMENT & IMPLEMENTATION OF HUMAN RESOURCE POLICIES BENEFICIAL TO WOMEN AND FAMILIES

The LDI maintains flexible work hours, permitting full time employees to select a supervisor-approved schedule that may begin as early as 7:00 a.m. or end as late as 5:30 p.m. The LDI also permits a 4-day work week of 10½-hour days, or a 4½-day work week, with supervisor and Appointing Authority approval. LDI Policy Memorandum 10 adopts the availability of part-time employment, in accordance with Civil Service Rule 11.2.

AGENCY RECORDS

Generally, the LDI maintains records having administrative value for the active year plus three. Some records of the LDI are retained longer and others are permanent. All records retention schedules are approved by the State Archives and Records Services of the Secretary of State and maintained on the LDI Intranet for ease of reference by staff responsible for record storage and, when approved, destruction.

PROCESS DOCUMENTATION

Development of the LDI's Strategic Plan for 2017-2022 included all of the following:

- Inventory by type of performance measures.
- Documentation of organizational changes.
- Consultation with each deputy commissioner to provide accurate program activity descriptions and to reaffirm existing performance measures, provide additional descriptions and documentation and to develop new performance measures to reflect changes in activities of the office or division.
- Input from each Responsible Person who reviewed Performance Indicator Documentation sheets for clarity and accuracy.
- Detailed review by the Assistant Commissioner of the Office of Management & Finance and the Budget Division Director.
- Actions identified on the Strategic Planning Checklist.

PROGRAM A – ADMINISTRATION/FISCAL

STATUTORY AUTHORITY

La. Const. art. IV, § 11; La. R.S. 36:681-696; HB1, § 8(C) of the 2013 Regular Session of the Louisiana Legislature; La. R.S. 22:2-3; La. R.S. 22:31-33; La. R.S. 22:41; La. R.S. 22:1071; La. R.S. 22:1476; La. R.S. 9:2800.7; La. R.S. 22:2291-2347; La. R.S. 40:1428; and 42 USC 1395b-4.

MISSION AND GOALS

The mission and goal for Program A are the same as the department-wide Mission with emphasis on Goal II:

MISSION The mission of the Louisiana Department of Insurance is to regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers) and to serve as advocate for the state's insurance consumers.

GOAL II Provide necessary administrative and operational support to the entire Department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

OBJECTIVES

- II.1 Through the Office of the Commissioner, to retain accreditation by the National Association of Insurance Commissioners (NAIC).
- II.2 Through the Internal Audit Division, to identify the adequacy or weaknesses of the department's internal control processes by performing scheduled internal audits and to assure that there are no repeat findings in the legislative auditor's report.
- II.3 Through the Office of Consumer Advocacy and Diversity, to receive consumer inquiries and complaints, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.
- II.4 Through the Division of Diversity and Opportunity, within the Office of Consumer Advocacy and Diversity, to foster awareness of opportunities in the insurance industry and of the skills, training, and education necessary to prepare for employment with insurers, appointment as producers, and as services providers for insurers.
- II.5 Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.
- II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.
- II.7 Through the Revenue Services Division, to collect all assessments and premium taxes due and to perform desk examinations of premium tax returns.

II.8 Through the Information Technology Division, to provide maintenance and support of the department's IT systems, databases, and internet access, and to improve consumer and industry service and information access via technology.

PROGRAM A – ADMINISTRATION/FISCAL

OFFICES AND ACTIVITIES

LA. R.S. 36:681-696

OFFICE OF THE COMMISSIONER – Provides management oversight to the entire Department and coordinates the administration of all provisions of the Louisiana Insurance Code – Title 22 of the Louisiana Revised Statutes. There are four divisions under the Office of the Commissioner: Internal Audit, Public Affairs, Diversity and Opportunity, and Office of Consumer Advocacy and Diversity.

Internal Audit assists management by identifying weaknesses and deficiencies in departmental operations and making recommendations for necessary corrective actions. Internal Audit also provides management assistance to divisions upon request. This division also performs special projects, as assigned by the Commissioner through his designee.

Public Affairs communicates the Department's message through printed materials including press releases, brochures, radio scripts, and newsletter articles; accepts media calls and public information requests; coordinates media interview requests and speaking engagements for the Commissioner and LDI staff; responsible for the Department's website content and public e-mail system; edits public information disseminated by the Department; writes Department's Public Service Announcements; coordinates consumer information booths at conferences, fairs or festivals.

Office of Consumer Advocacy and Diversity analyzes the LDI's consumer complaint records to improve both the regulation of the business of insurance and service to complainants. OCA conducts regular random reviews of complaint case files to determine the existence of patterns of behavior by regulated entities which require further examination by other LDI offices or divisions' staff. Additionally, OCA provides audit services of compliance staff in Consumer Services to review their effectiveness in protecting consumers' interests. Through the Division of Diversity and Opportunity, the LDI fosters awareness of opportunities in the insurance industry and of the skill, training and education necessary to prepare for employment with insurers, appointment as producers and as service providers of insurers. In addition to its continued outreach efforts pertaining to current insurance trends and topics, the OCA oversees the Senior Health Insurance Program (SHIIP), which provides health-insurance related information to senior citizens and others eligible for Medicare. Since 2012, SHIIP's duties, under its federal grant expansion, support federal efforts to increase awareness of certain provisions of the Patient Protection and Affordable Care Act of 2010.

OFFICE OF MANAGEMENT AND FINANCE (La. R.S. 36:684) – Oversees the management of the Department’s fiscal affairs, revenue services, IT, human resources, administrative services, budget, purchasing, and is responsible for strategic and operational planning for the entire department.

Fiscal Affairs deposits revenue to the State Treasury and handles accounts payable and receivable, travel and statutory deposits.

Revenue Services invoices and collects Assessments (LA Insurance Rating, Fraud & Administrative Fund), receipts all revenue, classifies all revenue, performs desk examinations of premium tax returns.

Information Technology maintains the Department’s databases and systems, assists various divisions in developing on-line access to certain information and services for the public, insurance industry and Department staff.

Human Resource manages the Department’s human resources and building security.

Administrative Services maintains records, and handles mail and messenger services, building maintenance, fleet management, property control and physical inventory.

Budget manages the Department’s appropriation by compiling the necessary information for budget development, budget projections, monitoring budget changes through expenditures, revenue collections, legislation and mid-year adjustments.

Purchasing maintains office supply inventory and distribution of supplies; procures stock and special supplies, equipment, furniture and printing services by using ISIS and/or obtaining bids according to state law and purchasing rules and regulations; maintains portable devices for LDI personnel; maintains photocopiers and fax machines; also reviews and verifies all professional and consulting services contracts in accordance with agency policy and procedures and within the laws, rules and regulations of the state.

Strategic and Operational Planning prepares strategic and operational plans for the department; collects, analyzes and reports quarterly performance results; collects information for legislative fiscal notes and writes fiscal economic and family impact statements; service as liaison with the Legislative Fiscal Office and House Fiscal Affairs.

PROGRAM A – ADMINISTRATION/FISCAL PERFORMANCE INDICATORS

KEY	INPUT
	OUTPUT
	OUTCOME
	EFFICIENCY
	QUALITY

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE
PROGRAM A – ADMINISTRATION/FISCAL
PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER

GOAL II Provide necessary administrative and operational support to the entire Department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

OBJECTIVE II.1 Through the Office of the Commissioner, to retain accreditation by the National Association of Insurance Commissioners (NAIC).

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children's Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

- II.1.1 Work with the NAIC and other states to develop nationwide standards for insurance regulation and sharing of information among the states.
- II.1.2 Work with all areas of the department, the legislature, other state agencies and private interests to increase the number of financially sound, consumer responsive insurers doing business in the state

PERFORMANCE INDICATORS

6389	Key	Percentage of NAIC accreditation retained
912	General	Number of licensed domestic insurers
913	General	Number of licensed foreign/alien insurance companies
911	General	Total number of companies licensed and approved
NEW	General	Total number of non-risk bearing companies licensed and approved.

EXPLANATORY NOTES

The National Association of Insurance Commissioners (NAIC) is the national organization that exists to promote effective insurance regulation and consumer protection. The Department of Insurance's accreditation remains in effect until suspended or revoked. The NAIC conducts periodic audits to determine if continued accreditation is appropriate. The indicator is expressed as a percentage because LaPAS can accept only numeric expression. Most recently, the NAIC accredited the Louisiana Department of Insurance in August 2015.

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER

OBJECTIVE II.1 Through the Office of the Commissioner, to retain accreditation by the National Association of Insurance Commissioners (NAIC).

LaPAS Code	Level	Performance Indicator Name
6389	Key	Percentage of NAIC accreditation retained

Type and Level	Quality; Key
Rationale, Relevance, Reliability	This indicator measures the overall success of the Department based on standards set by the National Association of Insurance Commissioners. The NAIC conducts regular examinations and audits of the LDI for the Department to maintain accreditation.
Use	The indicator will be used both internally and externally. Accreditation is an evaluation of Louisiana's regulatory process. Maintaining NAIC accreditation is important to the ability of Louisiana domiciled insurers doing business in other regulatory jurisdictions.
Clarity	The indicator is clear. See Caveats below.
Data Source, Collection, Reporting	The Office of Financial Solvency coordinates NAIC audits of the Department and would be notified in the event of any suspension or withdrawal of accreditation.
Calculation Methodology	NAIC contacts the assistant commissioner in the Office of Financial Solvency if accreditation is in effect.
Scope	The indicator is aggregated.
Caveats	LaPAS only accepts numeric data; therefore, the indicator is reported as a percentage rather than yes or no.
Accuracy, Maintenance, Support	The most recent NAIC accreditation certificate is posted in the lobby of the Poydras Building.
Responsible Person	Caroline Brock, Deputy Commissioner, Office of Financial Solvency; (225) 342-1631; Fax (225) 342-9203; cbrock@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER

OBJECTIVE II.1 Through the Office of the Commissioner, to retain accreditation by the National Association of Insurance Commissioners (NAIC).

LaPAS Code	Level	Performance Indicator Name
912	General	Number of licensed domestic insurance companies

Type and Level	Outcome; General
Rationale, Relevance, Reliability	This indicates the size of the competitive market and the success of adopting public policies that make Louisiana an attractive market for insurers. Typically, the more insurers, the more competitive the rates are for the insured.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The data is collected through the Regulatory Management System (RMS) and reported annually from the Company Licensing division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of annual reporting of performance indicator.
Responsible Person	Tangela Byrd, Insurance Manager, Office of Licensing/Company Licensing; Phone (225) 342-5972; Fax (225) 219-9322; tbyrd@ldi.la.gov .

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER

OBJECTIVE II.1 Through the Office of the Commissioner, to retain accreditation by the National Association of Insurance Commissioners (NAIC).

LaPAS Code	Level	Performance Indicator Name
913	General	Number of licensed foreign/alien insurance companies

Type and Level	Outcome; General
Rationale, Relevance, Reliability	This indicates the size of the competitive market and the success of adopting public policies that make Louisiana an attractive market for insurers. Typically, the more insurers, the more competitive the rates are for the insured.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear. A foreign insurer is domiciled in another state or other U.S. regulatory jurisdiction; an alien insurer is domiciled in another country.
Data Source, Collection, Reporting	The data is collected through the Regulatory Management System (RMS) and reported annually from the Company Licensing division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from RMS at close of reporting period. Report is maintained with work papers of annual reporting of performance indicator.
Responsible Person	Tangela Byrd, Insurance Manager, Office of Licensing/Company Licensing; Phone (225) 342-5972; Fax (225) 219-9322; tbyrd@ldi.la.gov .

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER

OBJECTIVE II.1 Through the Office of the Commissioner, to retain accreditation by the National Association of Insurance Commissioners (NAIC).

LaPAS Code	Level	Performance Indicator Name
911	General	Total number of companies licensed and approved

Type and Level	Outcome; General
Rationale, Relevance, Reliability	This indicates the size of the competitive market and the success of adopting public policies that make Louisiana an attractive market for insurers. Typically, the more insurers, the more competitive the rates are for the insured.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The data is collected through the Regulatory Management System (RMS) and reported annually from the Company Licensing division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from RMS at close of reporting period. Report is maintained with work papers of annual reporting of performance indicator.
Responsible Person	Tangela Byrd, Insurance Manager, Office of Licensing/Company Licensing; Phone (225) 342-5972; Fax (225) 219-9322; tbyrd@ldi.la.gov .

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER

OBJECTIVE II.1 Through the Office of the Commissioner, to retain accreditation by the National Association of Insurance Commissioners (NAIC).

LaPAS Code	Level	Performance Indicator Name
NEW	General	Total number of non-risk bearing companies licensed and approved.

Type and Level	Outcome; General
Rationale, Relevance, Reliability	This indicates the size of the competitive market and the success of adopting public policies that make Louisiana an attractive market for insurers. Typically, the more insurers, the more competitive the rates are for the insured.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The data is collected through the Regulatory Management System (RMS) and reported annually from the Company Licensing division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from RMS at close of reporting period. Report is maintained with work papers of annual reporting of performance indicator.
Responsible Person	Tangela Byrd, Insurance Manager, Office of Licensing/Company Licensing; Phone (225) 342-5972; Fax (225) 219-9322; tbyrd@ldi.la.gov .

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE
PROGRAM A – ADMINISTRATION/FISCAL
PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER – INTERNAL AUDIT DIVISION

GOAL II Provide necessary administrative and operational support to the entire department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

OBJECTIVE II.2 Through the Internal Audit Division, to identify the adequacy or weaknesses of the department's internal control processes by performing scheduled internal audits and to assure that there are no repeat findings in the legislative auditor's report.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children's Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

II.2.1 To assess risk and schedule internal audits, as approved by the agency head or his/her designee prior to the start of the fiscal year.

PERFORMANCE INDICATORS

- | | | |
|------|------------|---------------------------------------------------------------|
| 6393 | Supporting | Number of internal audits performed |
| 887 | Supporting | Number of repeat internal audit findings |
| 6394 | General | Percentage of internal audit recommendations accepted |
| 6395 | General | Number of repeat findings in the legislative auditor's report |

EXPLANATORY NOTE

The LDI's budget generally exceeds the \$30 million threshold contained in the preamble of Appropriations Bill (HB1), which requires such agencies to allot within their table of organization positions that perform the function of internal auditing. The LDI has numerous staff, supervisors, and managers, who regularly track, reconcile, and inventory assets entrusted to the LDI. These functions include but are not limited to tracking appropriated budget revenue and expenditures, performing annual inventory of movable property, and processing over \$400 million in revenue the LDI collects on behalf of the State of Louisiana. The LDI maintains one position dedicated exclusively to planning and performing internal audits. ACT 314 of the 2015 Regular Legislative Session establishes any agency with an appropriation in the general appropriation bill of 30 million dollars or more shall establish an internal audit function.

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER – INTERNAL AUDIT DIVISION

OBJECTIVE II.2 - Through the Internal Audit Division, to identify the adequacy or weaknesses of the department's internal control processes by performing scheduled internal audits and to assure that there are no repeat findings in the legislative auditor's report.

LaPAS Code	Level	Performance Indicator Name
6393	Supporting	Number of internal audits performed

Type and Level	Output; Supporting
Rationale, Relevance, Reliability	The number of internal audits performed is indicative of the workload in that division. Audits may be relatively simple or may be more complex and time consuming.
Use	The indicator will be used internally to the LDI to guide management's decisions on processes and staffing.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Internal Audit division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Internal Auditor's final reports are held in the internal audit office.
Responsible Person	Tarsha Crockett, Auditor 3; Phone (225) 342-5353, Fax (225) 342-2558, tcrockett@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER – INTERNAL AUDIT DIVISION

OBJECTIVE II.2 - Through the Internal Audit Division, to identify the adequacy or weaknesses of the Department's internal control processes by performing scheduled internal audits and to assure that there are no repeat findings in the legislative auditor's report.

LaPAS Code	Level	Performance Indicator Name
887	Supporting	Number of repeat internal audit findings

Type and Level	Quality; Supporting
Rationale, Relevance, Reliability	This indicator measures the effectiveness of our internal audit activity by tracking the number of repeat findings and the effectiveness of the remedial measures taken after findings occur.
Use	The indicator will be used internally to the LDI to guide management's decisions on processes and staffing.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Internal Audit division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Internal audit reports compare previous findings to current findings. Reports are retained in internal auditor's office.
Responsible Person	Tarsha Crockett, Auditor 3; Phone (225) 342-5353, Fax (225) 342-2558, tcrockett@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER – INTERNAL AUDIT DIVISION

OBJECTIVE II.2 - Through the Internal Audit Division, to identify the adequacy or weaknesses of the Department's internal control processes by performing scheduled internal audits and to assure that there are no repeat findings in the legislative auditor's report.

LaPAS Code	Level	Performance Indicator Name
6394	General	Percentage of internal audit recommendations accepted

Type and Level	Efficiency; General
Rationale, Relevance, Reliability	The number of internal audit recommendations accepted reflects the effectiveness of the recommendations and the cooperation level of the division to which the recommendation applies.
Use	The indicator will be used internally to the LDI to guide management's decisions on processes and staffing.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Internal Audit division
Calculation Methodology	Divide the number of internal audit recommendations accepted by the number of internal audit recommendations made, expressed as a percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Follow-up audits are done to see if recommendations have been adopted and if recommended changes are effective. Reports are retained in internal auditor's office.
Responsible Person	Tarsha Crockett, Auditor 3; Phone (225) 342-5353, Fax (225) 342-2558, tcrockett@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF THE COMMISSIONER – INTERNAL AUDIT DIVISION

OBJECTIVE II.2 - Through the Internal Audit Division, to identify the adequacy or weaknesses of the Department's internal control processes by performing scheduled internal audits and to assure that there are no repeat findings in the legislative auditor's report.

LaPAS Code	Level	Performance Indicator Name
6395	General	Number of repeat findings in the legislative auditor's report

Type and Level	Outcome; General
Rationale, Relevance, Reliability	This indicator measures the effectiveness of our internal audit activity by tracking the number of repeat findings in the legislative auditor's annual report.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Internal Audit division, compared to the legislative auditor's annual report
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	This indicator was changed to a general indicator while doing the strategic review of the internal audit division.
Accuracy, Maintenance, Support	Compare legislative auditor's previous reports to current reports for repeat findings. Records are retained in internal auditor's office.
Responsible Person	Tarsha Crockett, Auditor 3; Phone (225) 342-5353, Fax (225) 342-2558, tcrockett@ldi.la.gov

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY AND DIVERSITY

GOAL II Provide necessary administrative and operational support to the entire department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

OBJECTIVE II.3 Through the Office of Consumer Advocacy and Diversity, to receive consumer inquiries, general audits and transfer audits, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children's Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

- II.3.1 Advocate for consumers, upon request, by receiving inquiries and responding to their insurance needs.
- II.3.2 Disseminate information to consumers, civic associations, governmental organizations and other individuals by providing presentations and printed materials.
- II.3.3 Execute randomly selected quarterly audits of five percent of all complaint files throughout all divisions of LDI to ensure LDI staff thoroughly investigates cases on behalf of consumers.
- II.3.4 Improve quality by recording inconsistencies, oversights and additional refunds collected.
- II.3.5 Identify and report apparent or potential violations of law to the appropriate division or office within the LDI.

PERFORMANCE INDICATORS

22838	Key	Number of community-based presentations
25337	Key	Number of files from other divisions audited
25338	Key	Percentage of complaint files referred for additional regulatory review, as a result of audit
25339	Key	Percentage of complaint files leading to additional staff training, as a result of audit
22839	General	Number of inquiries received
22842	General	Number of public information packets distributed to consumers

25340	General	Percentage of LDI complaint files audited
NEW	General	Number of consumers assisted by Office of Consumer Advocacy and Diversity

EXPLANATORY NOTE

During Fiscal Year 2014-2015, the Office of Consumer Advocacy and Diversity (OCAD) focused its activities on responding to consumer inquiries, performing quality management audits, and maintaining its role in community outreach. This Office also remains available to assist the various divisions within the LDI and will perform a second review of a complaint file, upon request.

General data reported as 22843 no longer recorded. The focus of OCAD changed with no new complaint files originating in OCAD.

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY AND DIVERSITY

OBJECTIVE II.3 Through the Office of Consumer Advocacy and Diversity, to receive consumer inquiries, general audits and transfer audits, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
22838	Key	Number of community-based presentations

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the outreach of the Office of Consumer Advocacy and Diversity into the community.
Use	The indicator will be used internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Advocacy and Diversity.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	This indicator includes speaking engagements, as well as radio and television appearances.
Accuracy, Maintenance, Support	Spreadsheet tracking all events is maintained securely in office of consumer advocacy and diversity.
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy and Diversity; Phone (225) 219-4771; Fax (225) 219-0615; rchenderson@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY AND DIVERSITY

OBJECTIVE II.3 Through the Office of Consumer Advocacy and Diversity, to receive consumer inquiries, general audits and transfer audits, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
25337	Key	Number of files from other divisions audited

Type and Level	Output; Key
Rationale, Relevance, Reliability	The OCAD randomly selects five percent of the closed complaint files, equally among the divisions. Files are reviewed to verify appropriate conduct of the regulated entity as well as to ensure reasonable and quality performance by LDI staff.
Use	This indicator will be used internally.
Clarity	This indicator is clear.
Data Source, Collection, Reporting	Case files available in Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	This indicator is aggregated, and may be disaggregated by division.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period, maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy and Diversity; Phone (225) 219-4771; Fax (225) 219-0615; rchenderson@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY AND DIVERSITY

OBJECTIVE II.3 Through the Office of Consumer Advocacy and Diversity, to receive consumer inquiries, general audits and transfer audits, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
25338	Key	Percentage of complaint files referred for additional regulatory review, as a result of audit

Type and Level	Outcome; Key
Rationale, Relevance, Reliability	The OCAD randomly selects five percent of the closed complaint files, equally among the divisions. Files are reviewed to verify appropriate conduct of the regulated entity as well as to ensure reasonable and quality performance by LDI staff. This activity supports LDI's oversight of regulated entities.
Use	This indicator will be used internally and externally.
Clarity	This indicator is clear.
Data Source, Collection, Reporting	Case files available in Regulatory Management System (RMS).
Calculation Methodology	Divide the number of files referred by OCAD to another office or division for further regulatory review by number of files reviewed by OCAD, expressed as a percentage.
Scope	This indicator is aggregated, and may be disaggregated by division receiving the file referral.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period, maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy and Diversity; Phone (225) 219-4771; Fax (225) 219-0615; rchenderson@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY AND DIVERSITY

OBJECTIVE II.3 Through the Office of Consumer Advocacy and Diversity, to receive consumer inquiries, general audits and transfer audits, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
25339	Key	Percentage of complaint files leading to additional staff training, as a result of audit

Type and Level	Quality; Key
Rationale, Relevance, Reliability	The OCAD randomly selects five percent of the closed complaint files, equally among the divisions. Files are reviewed to verify appropriate conduct of the regulated entity as well as to ensure reasonable and quality performance by LDI staff. This activity supports LDI's efforts to deliver high quality service to Louisiana consumers.
Use	This indicator will be used internally to improve staff consistency, efficiency, and courtesy.
Clarity	This indicator is clear.
Data Source, Collection, Reporting	Case files available in Regulatory Management System (RMS).
Calculation Methodology	Divide number of files referred by OCAD to another office or division for further staff training by the number of files reviewed by OCAD, expressed as a percentage.
Scope	This indicator is aggregated, and may be disaggregated by division.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period, maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy and Diversity; Phone (225) 219-4771; Fax (225) 219-0615; rchen@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY AND DIVERSITY

OBJECTIVE II.3 Through the Office of Consumer Advocacy and Diversity, to receive consumer inquiries, general audits and transfer audits, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
22839	General	Number of inquiries received

Type and Level	Input; General
Rationale, Relevance, Reliability	This indicator measures the number of inquiries received by the Office of Consumer Advocacy and Diversity from Louisiana citizens.
Use	This indicator will be used internally and externally.
Clarity	This indicator is clear.
Data Source, Collection, Reporting	Case files available in Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	This indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period, maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy and Diversity; Phone (225) 219-4771; Fax (225) 219-0615; rchenderson@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY AND DIVERSITY

OBJECTIVE II.3 Through the Office of Consumer Advocacy and Diversity, to receive consumer inquiries, general audits and transfer audits, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
22842	General	Number of public information packets distributed to consumers

Type and Level	Output; General
Rationale, Relevance, Reliability	This indicator quantifies an outreach effort of the Office of Consumer Advocacy and Diversity.
Use	This indicator will be used internally and externally.
Clarity	This indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Advocacy and Diversity.
Calculation Methodology	Standard count.
Scope	This indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Spreadsheet of all events and information packet distribution is maintained securely in OCAD.
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy and Diversity; Phone (225) 219-4771; Fax (225) 219-0615; rchenderson@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY AND DIVERSITY

OBJECTIVE II.3 Through the Office of Consumer Advocacy and Diversity, to receive consumer inquiries, general audits and transfer audits, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
25340	General	Percentage of LDI complaint files audited

Type and Level	Output; General
Rationale, Relevance, Reliability	This indicator documents actual percentage of complaint files audited during fiscal year.
Use	This indicator will be used internally and externally.
Clarity	This indicator is clear.
Data Source, Collection, Reporting	Case files available in Regulatory Management System (RMS).
Calculation Methodology	Divide the number of files reviewed by OCAD by number of complaint files closed by LDI during the fiscal year, expressed as a percentage.
Scope	This indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period, maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy and Diversity; Phone (225) 219-4771; Fax (225) 219-0615; rchenderson@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY AND DIVERSITY

OBJECTIVE II.3 Through the Office of Consumer Advocacy and Diversity, to receive consumer inquiries, general audits and transfer audits, to provide insurance information, both basic and developing topics, and to ensure the LDI provides consumers the highest quality service.

LaPAS Code	Level	Performance Indicator Name
NEW	General	Number of consumers assisted by Office of Consumer Advocacy and Diversity

Type and Level	Output; General
Rationale, Relevance, Reliability	This indicator quantifies an outreach effort of the Office of Consumer Advocacy and Diversity.
Use	This indicator will be used internally and externally.
Clarity	This indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Advocacy and Diversity.
Calculation Methodology	Standard count.
Scope	This indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Spreadsheet of all events and number of consumers assisted is maintained securely in OCAD.
Responsible Person	Ron Henderson, Deputy Commissioner of Consumer Advocacy and Diversity; Phone (225) 219-4771; Fax (225) 219-0615; rchenderson@ldi.la.gov

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: CONSUMER ADVOCACY AND DIVERSITY/DIVISION OF DIVERSITY AND OPPORTUNITY

GOAL II Provide necessary administrative and operational support to the entire department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

OBJECTIVE II.4 Through the Division of Diversity and Opportunity, within the Office of Consumer Advocacy and Diversity, to foster awareness of opportunities in the insurance industry and of the skill, training and education necessary to prepare for employment with insurers, appointment as producers, and as service providers of insurers.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children's Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

- II.4.1 Make available via the internet, by mail, etc., and through training/educational seminars, information to assist minority and disadvantaged persons who wish to obtain employment in the insurance industry or related service companies.
- II.4.2 Periodically survey licensees to estimate minority/disadvantaged persons employed as professionals or paraprofessionals with insurers doing business in the state.
- II.4.3 Help create academic concentrations in insurance at historically black colleges and universities in Louisiana.

PERFORMANCE INDICATORS

24326	Supporting	Number of educational seminars provided by the Division of Diversity and Opportunity
13793	General	Number of persons attending educational training seminars
25029	General	Number of minorities receiving services through LDI for training, individual telephone, or email assistance to help obtain employment in the insurance industry or related service companies
25162	General	Number of workshops Division of Diversity and Opportunity participated in via invitations
25335	General	Number of minorities employed in career positions in companies responding to career survey
25336	General	Number of companies responding to career survey

EXPLANATORY NOTES

LDI conducts informal counseling and educational/training across the state.

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: DIVISION OF DIVERSITY AND OPPORTUNITY

OBJECTIVE II.4 Through the Division of Diversity and Opportunity, within the Office of Consumer Advocacy and Diversity, to foster awareness of opportunities in the insurance industry and of the skill, training and education necessary to prepare for employment with insurers, appointment as producers, and as service providers of insurers.

LaPAS Code	Level	Performance Indicator Name
24326	Supporting	Number of educational seminars provided by the Division of Diversity and Opportunity

Type and Level	Output; Supporting
Rationale, Relevance, Reliability	The indicator measures the educational seminars the Division of Diversity and Opportunity conducts throughout the fiscal year. This activity is part of the statutory mission of the Division of Diversity and Opportunity to offer assistance to minorities and disadvantaged persons interested in working or currently employed in the insurance industry by providing educational seminars for employment opportunities, obtaining CE credits and company contact information.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Diversity and Opportunity
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	These are seminars planned and provided by the division.
Accuracy, Maintenance, Support	The Division of Diversity and Opportunity maintains flyers, announcements and sign-in-sheets. All information, including reports on seminars, is maintained in the Division of Diversity and Opportunity files.
Responsible Person	Patrick Bell, Assistant Commissioner of Diversity and Opportunity; Phone (225) 342-8393; Fax (225) 219-0615; pbell@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: DIVISION OF DIVERSITY AND OPPORTUNITY

OBJECTIVE II.4 Through the Division of Diversity and Opportunity, within the Office of Consumer Advocacy and Diversity, to foster awareness of opportunities in the insurance industry and of the skill, training and education necessary to prepare for employment with insurers, appointment as producers, and as service providers of insurers.

LaPAS Code	Level	Performance Indicator Name
13793	General	Number of persons attending educational training seminars

Type and Level	Outcome; General
Rationale, Relevance, Reliability	This indicator measures the reach of the Division of Diversity and Opportunity' activities in assisting minority/disadvantaged persons through its planned educational programs. This activity is part of the Division's statutory mission to foster greater awareness of the opportunities available in the insurance industry and to help prepare individuals for these opportunities.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Diversity and Opportunity.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	The Division of Diversity and Opportunity maintains Sign-in Sheets and other documents from outreach and training activities.
Responsible Person	Patrick Bell, Assistant Commissioner of Diversity and Opportunity; Phone (225) 342-8393; Fax (225) 219-0615; pbell@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: DIVISION OF DIVERSITY AND OPPORTUNITY

OBJECTIVE II.4 Through the Division of Diversity and Opportunity, within the Office of Consumer Advocacy and Diversity, to foster awareness of opportunities in the insurance industry and of the skill, training and education necessary to prepare for employment with insurers, appointment as producers, and as service providers of insurers.

LaPAS Code	Level	Performance Indicator Name
25029	General	Number of minorities receiving services through LDI for training, individual telephone, or email assistance to help obtain employment in the insurance industry or related service companies.

Type and Level	Output; General
Rationale, Relevance, Reliability	This indicator measures the reach of the Division of Diversity and Opportunity activities in assisting minority/disadvantaged producers, persons, and agencies, which is a statutory mission of the Division.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Diversity and Opportunity.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	The Division of Diversity and Opportunity documents requests on the Diversity and Opportunity Assistance Form and maintains the forms in the files of the Division.
Responsible Person	Patrick Bell, Assistant Commissioner of Diversity and Opportunity; Phone (225) 342-8393; Fax (225) 219-0615; pbell@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: DIVISION OF DIVERSITY AND OPPORTUNITY

OBJECTIVE II.4 Through the Division of Diversity and Opportunity, within the Office of Consumer Advocacy and Diversity, to foster awareness of opportunities in the insurance industry and of the skill, training and education necessary to prepare for employment with insurers, appointment as producers, and as service providers of insurers.

LaPAS Code	Level	Performance Indicator Name
25162	General	Number of workshops Division of Diversity and Opportunity participated in via invitations.

Type and Level	Output; General
Rationale, Relevance, Reliability	This indicator measures the reach of the Division of Diversity and Opportunity as a participant in programs organized by other groups or organizations, which target disadvantaged business, churches and nonprofits. While audience size is not counted, frequent presence in the community creates greater awareness of the assistance the Division provides, including information on insurance career preparation, as well as insurance products and services. This activity is part of the statutory mission of the Division to foster greater awareness of the opportunities available in the insurance industry.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Diversity and Opportunity.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	The Division of Diversity and Opportunity maintains written requests, emails, agendas, handouts, flyers, and other documents of all workshops attended. This information is maintained in the Division's files of outreach and training.
Responsible Person	Patrick Bell, Assistant Commissioner of Diversity and Opportunity; Phone (225) 342-8393; Fax (225) 219-0615; pbell@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: DIVISION OF DIVERSITY AND OPPORTUNITY

OBJECTIVE II.4 Through the Division of Diversity and Opportunity, within the Office of Consumer Advocacy and Diversity, to foster awareness of opportunities in the insurance industry and of the skill, training and education necessary to prepare for employment with insurers, appointment as producers, and as service providers of insurers.

LaPAS Code	Level	Performance Indicator Name
25335	General	Number of minorities employed in career positions in companies responding to career survey

Type and Level	Outcome; General
Rationale, Relevance, Reliability	This indicator measures the level of participation of minorities within management of LDI regulated entities. The level of participation of minorities in insurance management positions is only partially attributable to the efforts of the Division.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The data is collected through the LDI web application for Industry Access.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	Survey data is requested of insurers doing business in Louisiana and all entities authorized or licensed pursuant to the Insurance Code.
Accuracy, Maintenance, Support	The Division of Diversity and Opportunity generates reports from statistical data received from companies completing the survey in the Industry Access Portal.
Responsible Person	Patrick Bell, Assistant Commissioner of Diversity and Opportunity; Phone (225) 342-8393; Fax (225) 219-0615; pbell@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: DIVISION OF DIVERSITY AND OPPORTUNITY

OBJECTIVE II.4 Through the Division of Diversity and Opportunity within the Office of Consumer Advocacy and Diversity, to foster awareness of opportunities in the insurance industry and of the skill, training and education necessary to prepare for employment with insurers, appointment as producers, and as service providers of insurers.

LaPAS Code	Level	Performance Indicator Name
25336	General	Number of companies responding to career survey

Type and Level	Input; General
Rationale, Relevance, Reliability	This indicator helps provide the relevance and reliability of the preceding Outcome indicator. It measures the reach of the Division of Diversity and Opportunity when it sends the periodic survey to companies licensed in the State of Louisiana to gather statistical information on the ethnic and gender makeup of the management level positions of its workforce. This activity will also help keep up to date company contact information and help identify areas most in need of Division services.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records are collected through the LDI web application for Industry Access.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	Survey data is requested of insurers doing business in Louisiana and all entities authorized or licensed pursuant to the Insurance Code.
Accuracy, Maintenance, Support	Company responses and reports are maintained in the Division's files.
Responsible Person	Patrick Bell, Assistant Commissioner of Diversity and Opportunity; Phone (225) 342-8393; Fax (225) 219-0615; pbell@ldi.la.gov

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY AND DIVERSITY/SHIIP

GOAL II Provide necessary administrative and operational support to the entire department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

OBJECTIVE II.5 Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children's Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

II.5.1 Increase the reach of the program through presentations at fairs, meetings, etc. across the state.

II.5.2 Increase number of community partners and volunteer counselors.

PERFORMANCE INDICATORS

999	Key	Number of senior health group presentations provided
996	Key	Total persons reached through presentations, booths/exhibits, and assistance (CMS PM2)
25346	Key	Number of client contacts in-person office, telephone all durations, and contacts by email, postal or fax (CMS PM1)
25344	Supporting	Total counseling hours provided (CMS PM8)
25345	Supporting	Total number of active SHIIP counselors
17795	General	Number of health counselor training sessions conducted
995	General	Estimated savings to counseled health clients
25401	General	Number of agencies reporting data
25402	General	Number of volunteer counselors
25403	General	Number of Medicare beneficiaries in the state, as of September 30

EXPLANATORY NOTE

Centers for Medicare and Medicaid Services (CMS) awards baseline grants to every state for reaching the Medicare population with information about the program and enrollment options; CMS and Administration for Community Living (ACL) sets grant amounts based on achievement of performance measures.

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

OBJECTIVE II.5 Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
999	Key	Number of senior health group presentations provided

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the number of group presentations provided. Group presentations are a SHIIP grant requirement.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP division, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	Includes presentations by partners. LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Each group presentation is documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; vdufrene@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

OBJECTIVE II.5 Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
996	Key	Total persons reached through presentations, booths/exhibits, and assistance (CMS PM2)

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the number in attendance at group presentations and booth/exhibits, a count required by the SHIIP grant.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP division, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation method is a standard count of attendance for presentations for the fiscal year.
Scope	The indicator is aggregated.
Caveats	The method of counting varies by event and may include a headcount, sign in sheets, verification of count with host agency/group or estimate the count by the number of materials distributed. LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Each group presentation is documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; vdufrene@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

OBJECTIVE II.5 Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
25346	Key	Number of client contacts, in person office, telephone all durations, and contacts by email, postal or fax (CMS PM1)

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the number of seniors receiving services through telephone, fairs, group presentations, email, fax, personal interview, etc. Direct client contact is a SHIIP grant requirement.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP division, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation is a standard count, combining results from LDI staff, contracted partners, and SHIIP volunteers.
Scope	The indicator is aggregated.
Caveats	Persons who attend more than one presentation are counted each time in attendance. LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Information gathered from each contact is documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; vdufrene@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

OBJECTIVE II.5 Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
25344	Supporting	Total counseling hours provided (CMS PM8)

Type and Level	Output; Supporting
Rationale, Relevance, Reliability	This is a specific performance measure recommended by CMS for expanded funding opportunities.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP division, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation is a standard count, combining results from LDI staff, contracted partners, and SHIIP volunteers.
Scope	The indicator is aggregated.
Caveats	LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Counseling hours are documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; vdufrene@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

OBJECTIVE II.5 Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
25345	Supporting	Total number of active SHIIP counselors

Type and Level	Output; Supporting
Rationale, Relevance, Reliability	This is a specific performance measure recommended by CMS for expanded funding opportunities.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP division, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation is a standard count, combining results from LDI staff, contracted partners, and SHIIP volunteers.
Scope	The indicator is aggregated.
Caveats	LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Each active SHIIP counselor is documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; vdufrene@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

OBJECTIVE II.5 Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
17795	General	Number of health counselor training sessions conducted

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of counselor training sessions conducted during the fiscal year. This includes volunteers, contract workers and employees. Training sessions range from webinars, video conferencing, personal training, etc.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP division, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation is a standard count, combining results from LDI staff and contracted partners.
Scope	The indicator is aggregated.
Caveats	Includes training sessions conducted by partners and contractors. LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Each counselor training session is documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; vdufrene@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

OBJECTIVE II.5 Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
995	General	Estimated savings to counseled health clients

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the amount of savings to counseled health clients in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP division, as collected in SHIIP Connect.
Calculation Methodology	The calculation method is a sum of all reported savings. Definition of “savings” is prescribed by the Centers for Medicare and Medicaid Services (CMS).
Scope	The indicator is aggregated.
Caveats	SHIIP (Senior Health Insurance Information Program) is funded by a federal grant. Savings to clients are calculated using guidelines developed by CMS. Savings may result when assistance leads to the percentage not covered by Medicare being counted, or a client learning that he/she is eligible for other programs that can lead to Medicaid paying deductibles, premiums or co-payments, or in determining the best Medicare insurance product for the client's needs. Clients counseled into Medicaid and prescription drugs assistance are also included in the savings calculation. Savings, if any, vary depending upon the situation of the individual being counseled. LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Savings associated with each direct client contact is documented in SHIIP Connect.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; vdufrene@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

OBJECTIVE II.5 Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
25401	General	Number of agencies reporting data

Type and Level	Output; General
Rationale, Relevance, Reliability	This measures the active SHIIP partnerships throughout the state and maximizes the coordinated reach for providing Medicare and ACA information.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP division, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation is a standard count, combining results from LDI, contracted partners, and SHIIP volunteers.
Scope	The indicator is aggregated.
Caveats	LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Each reporting agency to SHIIP Connect has a unique ID and can be counted in SHIIP Connect and through CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; vdufrene@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

OBJECTIVE II.5 Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
25402	General	Number of volunteer counselors

Type and Level	Output; General
Rationale, Relevance, Reliability	This is a specific performance measure recommended by CMS for expanded funding opportunities.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of SHIIP division, as collected in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Calculation Methodology	The calculation is a standard count, combining results from LDI staff, contracted partners, and SHIIP volunteers.
Scope	The indicator is aggregated.
Caveats	LaPAS and CMS do not have the same reporting deadlines.
Accuracy, Maintenance, Support	Each volunteer counselor is documented in SHIIP Connect and exported to the CMS National Performance Reporting Program.
Responsible Person	Vicki Dufrene, Director; SHIIP; Phone (225) 219-7731; Fax (225) 219-0685; vdufrene@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF COMMISSIONER – CONSUMER ADVOCACY SHIIP

OBJECTIVE II.5 Through the Senior Health Insurance Information Program, to assist senior citizens and others eligible for Medicare with awareness of health insurance programs available to them.

LaPAS Code	Level	Performance Indicator Name
25403	General	Number of Medicare beneficiaries in the state, as of September 30

Type and Level	Input; General
Rationale, Relevance, Reliability	This becomes the basis for reporting results to CMS. All reports to CMS are per 1,000 Medicare beneficiaries in Louisiana.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	CMS provides this data.
Calculation Methodology	Actual reported count, as of September 30.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	CMS maintains and reports this data.
Responsible Person	Vicki Dufrene, Director; SHIIP ; Phone (225) 219-7731; Fax (225) 219-0685; vdufrene@ldi.la.gov

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE
PROGRAM A – ADMINISTRATION/FISCAL
PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

GOAL II Provide necessary administrative and operational support to the entire Department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children's Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

- II.6.1 Categorize and track all revenue to assure accuracy of collections and proper crediting of all receipts and to support the revenue projection process.
- II.6.2 Maximize authorized assessment collections through timely invoicing and to provide notice of delinquencies to appropriate divisions of the market compliance program for collection or other disciplinary action (license suspension, revocation, cease and desist, fine, etc.)

PERFORMANCE INDICATORS

890	Supporting	Total amount of revenue collected from taxes, assessments, fees, penalties and miscellaneous amounts \$ in millions.
898	General	Number of different tax types collected
899	General	Number of different fees and assessments collected
893	General	Tax collections as percentage of taxable premiums
895	General	Total amount of Louisiana Insurance Rating assessment collected \$ in millions
6397	General	Total fees collected \$ in millions
25813	General	Total taxes collected \$ in millions
896	General	Louisiana Insurance Rating assessment collection as percentage of subject premiums
23501	General	Amount reverted at end of FY \$ in millions
24327	General	Administrative fund assessment as percentage of health premium
24328	General	Fraud assessment as percentage of subject premium

EXPLANATORY NOTE

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
890	Supporting	Total amount of revenue collected from taxes, assessments, fees, penalties and miscellaneous amounts \$ in millions.

Type and Level	Input; Supporting
Rationale, Relevance, Reliability	The indicator measures the amount of revenue collected from taxes, assessments, fees, penalties and miscellaneous amounts \$ in millions. This is the funding source for LDI and SGF operations. Audited and presented in AFR, which rolls into CAFR.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division.
Calculation Methodology	Standard sum.
Scope	The indicator is aggregated.
Caveats	Beginning FY 11/12 the LDI reports revenue after the close period, rather than previously years of predicted revenue. This will continue provided the LaPAS deadline continues to give adequate time to report collections.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; prodriguez@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
898	General	Number of different tax types collected

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of tax types collected by the department and shows increase or decrease in line item collections for different types of premium taxes.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	This count includes only those for which there were actual collections.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; prodriguez@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
899	General	Number of different fees and assessments collected

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of fees and assessments collected by the department and shows increase or decrease in line item collections for self-generated revenue.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	The count includes only fees for which there were actual collections.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; prodriguez@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
893	General	Tax collections as percentage of taxable premiums

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the percentage of taxable premiums represented by tax. The tax is a cost of conducting the business of insurance in Louisiana (offset against corporate franchise tax).
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division as reported by the Premium Tax and Surplus Lines division
Calculation Methodology	Divide total collections by taxable premium, expressed as a percentage.
Scope	The indicator is aggregated. It includes fire department; fire, casualty and misc.; life, accident and health; fire marshal; surplus lines; fireman training; retaliatory.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; prodriguez@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
895	General	Total amount of Louisiana Insurance Rating assessment collected \$ in millions

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the total premiums subject to the LA Insurance Rating assessment, which funds several retirement and pension funds, the municipal fire and police Civil Service, and LDI. It assists in projections of future revenue.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division as reported by the Assessments and Data Management division.
Calculation Methodology	Standard sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; prodriguez@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
6397	General	Total fees collected \$ in millions

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator provides the amount of revenue collected by LDI in the form of fees. It assists in projections of future revenue.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division.
Calculation Methodology	Standard sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; prodriguez@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
25813	General	Total taxes collected \$ in millions

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator provides the amount of revenue collected by LDI in the form of premium taxes. It is a cost of conducting the business of insurance in Louisiana (offset against corporate franchise tax).
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division.
Calculation Methodology	Standard sum.
Scope	The indicator is aggregated. It includes fire department; fire, casualty and misc.; life, accident and health; fire marshal; surplus lines; fireman training; retaliatory.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; prodriguez@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
896	General	Louisiana Insurance Rating assessment collection as percentage of subject premiums

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator provides the percentage of subject premiums that make up the LA Insurance Rating assessment. It is a cost of conducting the business of insurance in Louisiana.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division as reported by the Assessments and Data Management division.
Calculation Methodology	Divide assessment collection by assessable premiums, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; prodriguez@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
23501	General	Amount reverted at end of FY \$ in millions

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the amount \$ in millions that were reverted at the end of the fiscal year.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division.
Calculation Methodology	Subtract EOY actual expenses from EOY total operating collections.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; prodriguez@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
24327	General	Administrative fund assessment as percentage of health premiums

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the percentage of administrative fund assessment that are of health premiums. It is a cost of conducting the business of insurance in Louisiana.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division.
Calculation Methodology	Divide the total assessed by the total health premiums written subject to assessment, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; prodriguez@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – FISCAL AFFAIRS

OBJECTIVE II.6 Through the Fiscal Affairs Division, to deposit revenue to the State Treasury and handle accounts payable and receivable, travel and statutory deposits.

LaPAS Code	Level	Performance Indicator Name
24328	General	Fraud assessment as percentage of subject premiums.

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator provides the percentage of subject premiums that make up the LA Fraud assessment. It is a cost of conducting the business of insurance in Louisiana.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division.
Calculation Methodology	Divide the total assessed by the total premiums subject to the assessment, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Revenue collections are audited and supported by the Annual Fiscal Report and bundle reports from ISIS. Records are maintained according to records retention schedule.
Responsible Person	Penny Rodriguez, Fiscal Officer; Phone (225) 342-5351; prodriguez@ldi.la.gov

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE
PROGRAM A – ADMINISTRATION/FISCAL
PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – REVENUE SERVICES

GOAL II Provide necessary administrative and operational support to the entire department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

OBJECTIVE II.7 Through the Revenue Services Division, to collect all assessments and premium taxes due and to perform desk examinations of premium tax returns.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children's Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

II.7.1 Provide assurance that all premium tax and assessments owed are remitted.

PERFORMANCE INDICATORS

901	Supporting	Number of desk examinations performed for tax purposes
891	General	Taxable premiums \$ in billions
894	General	Total premiums subject to Louisiana Insurance Rating assessment \$ in billions
25404	General	LDI budget as percentage of total revenue collected

EXPLANATORY NOTE

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: OFFICE OF MANAGEMENT & FINANCE – REVENUE SERVICES DIVISION

OBJECTIVE II.7- Through the Revenue Services Division, to collect all assessments and premium taxes due and to perform desk examinations of premium tax returns.

LaPAS Code	Level	Performance Indicator Name
901	Supporting	Number of desk examinations performed for tax purposes

Type and Level	Output; Supporting
Rationale, Relevance, Reliability	The indicator measures the number of desk examinations performed for tax purposes during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records the Revenue Services Division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Records of desk examination are captured in the LDI Premium Tax System through the Regulatory Management System (RMS).
Responsible Person	Tommy Coco, Compliance Examiner Deputy Chief; Phone (225) 342-1012; Fax (225) 342-9708; tcoco@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – REVENUE SERVICES

OBJECTIVE II.7- Through the Revenue Services Division, to collect all assessments and premium taxes due and to perform desk examinations of premium tax returns.

LaPAS Code	Level	Performance Indicator Name
891	General	Taxable premiums \$ in billions

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the amount of taxable premiums, which is the basis for various assessments collected by the department and of the premium tax collection made by the department on behalf of the State General Fund.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division as reported by the Premium Tax and Surplus Lines division of the Office of Financial Solvency.
Calculation Methodology	The calculation method is a sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is captured in the LDI Premium Tax System through the Regulatory Management System (RMS).
Responsible Person	Tommy Coco, Compliance Examiner Deputy Chief; Phone (225) 342-1012; Fax (225) 342-9708; tcoco@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE
PROGRAM A – ADMINISTRATION/FISCAL
PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – REVENUE SERVICES

OBJECTIVE II.7- Through the Revenue Services Division, to collect all assessments and premium taxes due and to perform desk examinations of premium tax returns.

LaPAS Code	Level	Performance Indicator Name
894	General	Total premiums subject to Louisiana Insurance Rating assessment \$ in billions

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the total premiums subject to the LIR assessment which funds several retirement and pension funds, the municipal fire and police civil service and LDI.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Fiscal Affairs division as reported by the Assessments and Data Management division
Calculation Methodology	The calculation method is a sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is captured in the LDI Premium Tax System through the LDI Regulatory Management System (RMS).
Responsible Person	Tommy Coco, Compliance Examiner Deputy Chief; Phone (225) 342-1012; Fax (225) 342-9708; tcoco@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – REVENUE SERVICES

OBJECTIVE II.7- Through the Revenue Services Division, to collect all assessments and premium taxes due and to perform desk examinations of premium tax returns.

LaPAS Code	Level	Performance Indicator Name
25404	General	LDI budget as percentage of total revenue collected

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator provides a basis for comparison to other state insurance department budgets.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The calculation is a percentage calculation of the LDI appropriated budget divided by total revenue collected by LDI.
Calculation Methodology	Divide LDI's appropriated budget by the total revenue collected, expressed as a percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Factors for this calculation are obtained from Fiscal Affairs and HB 1, along with any budget adjustments during the fiscal year.
Responsible Person	Tommy Coco, Compliance Examiner Deputy Chief; Phone (225) 342-1012; Fax (225) 342-9708; tcoco@ldi.la.gov

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE
PROGRAM A – ADMINISTRATION/FISCAL
PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – INFORMATION TECHNOLOGY

GOAL II Provide necessary administrative and operational support to the entire department, attract insurers to the state in order to promote a more competitive market, work to stabilize the property insurance market and provide outreach and consumer assistance.

OBJECTIVE II.8 Through the Information Technology Division, to provide maintenance and support of the Department's IT systems, databases, and internet access, and to improve consumer and industry service and information access via technology.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children's Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

- II.8.1 Increase the scope of services and information available through the LDI website
- II.8.2 Maintain and support, and update or expand as necessary the department's integrated databases and systems.

PERFORMANCE INDICATORS

- 22835** Supporting Number of technology projects planned to maximize employee productivity, improve or maintain compatibility with regulated entities, and warehouse data
- 22836** Supporting Percent of planned technology projects completed which maximize employee productivity, improve or maintain compatibility with regulated entities, or warehouse data

EXPLANATORY NOTE

Given the rapid changes in communication devices and public expectations, the LDI revised the statement of this objective to include all technology improvements which connect the department to consumers and regulated entities.

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – INFORMATION TECHNOLOGY

OBJECTIVE II.8 - Through the Information Technology Division, to provide maintenance and support of the Department's IT systems, databases, and internet access, and to improve consumer and industry service and information access via technology.

LaPAS Code	Level	Performance Indicator Name
22835	Supporting	Number of technology projects planned to maximize employee productivity, improve or maintain compatibility with regulated entities, and warehouse data

Type and Level	Input; Supporting
Rationale, Relevance, Reliability	The indicator measures the number of IT projects planned for the entire fiscal year. The LDI's IT Strategic Plan is aligned with the department's IT initiative.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Information Technology division.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	Specific projects receiving IT approval will be footnoted in annual operations plan.
Accuracy, Maintenance, Support	All LDI information technology projects are approved by the LDI's office of management & finance through the state and Department's budget process.
Responsible Person	Lonnie Richardson, IT Applications Project Leader, Phone (225) 342-1003; lrichardson@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM A – ADMINISTRATION/FISCAL

PROGRAM ACTIVITY: MANAGEMENT AND FINANCE – INFORMATION TECHNOLOGY

OBJECTIVE II.8 - Through the Information Technology Division, to provide maintenance and support of the Department's IT systems, databases, and internet access, and to improve consumer and industry service and information access via technology.

LaPAS Code	Level	Performance Indicator Name
22836	Supporting	Percent of planned technology projects completed to maximize employee productivity, improve or maintain compatibility with regulated entities, and warehouse data

Type and Level	Efficiency; Supporting
Rationale, Relevance, Reliability	The indicator measures the percentage of planned IT projects actually completed. The LDI's IT Strategic Plan is aligned with the department's IT initiative.
Use	The indicator will be used internally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Information Technology division.
Calculation Methodology	Divide number projects completed by the number of projects planned, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	All LDI information technology projects are approved by the LDI's office of management & finance through the state and department's budget process.
Responsible Person	Lonnie Richardson, IT Applications Project Leader, Phone (225) 342-1003; lrichardson@ldi.la.gov

PROGRAM B – MARKET COMPLIANCE

STATUTORY AUTHORITY

La.-Const. art. IV, § 11; La. R.S. 36:681-696; Louisiana Insurance Code (Title 22); La. R.S. 40:1424; La. R.S. 23:1191-1200.5; and La. R.S. 33:1341-1350.2.

MISSION AND GOALS

The mission and goal for Program A are the same as the department-wide Mission with emphasis on Goal I:

MISSION The mission of the Louisiana Department of Insurance is to regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and to serve as advocate for the state's insurance consumers.

GOAL I Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state's insurance consumers.

OBJECTIVES

- I.1 Through the Office of Licensing, to oversee the licensing of producers and adjusters in the state and to work with the Information Technology division to effect a smooth transition to the ecommerce environment.
- I.2 Through the Company Licensing Division of the Office of Licensing, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.
- I.3 Through the Health Forms Division, to review for approval health policy forms, HMO subscriber agreements, supplemental health policies, Medicare supplement rates and advertising and URO/IRO applications, renewals and annual reports, within 30 days.
- I.4 Through the Life, Annuity, and Long-term Care Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.
- I.5 Through the Health Division, to review initial premium rate filings and premium rate changes for small group or individual market.
- I.6 Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities, to provide assurance that all premium tax owed is remitted, and to manage estates of companies in receivership.
- I.7 Through the P&C Forms Division, to pre-approve or disapprove all contract forms for insurers' use with consumers within 30 days.
- I.8 Through the P&C Rating Division, to process rate change requests in a timely manner.
- I.9 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

- I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

PROGRAM B – MARKET COMPLIANCE
OFFICES AND ACTIVITIES
LA. R.S. 36:681-696

OFFICE OF LICENSING AND COMPLIANCE: (LA. R.S. 36:692) Consists of Producer Licensing Division, Company Licensing Division, Licensing Call Center and Statutory Deposits.

Producer Licensing Division maintains license and records of all insurance producers, managing general agents, surplus lines brokers, professional employer organizations, motor vehicle rental companies, claims adjusters and public adjusters to determine their qualification to conduct business in accordance with Louisiana laws.

Company Licensing Division oversees the licensing of foreign and domestic insurance companies, third party administrators, captive insurers, dental referral plans, discount medical plans, health maintenance organizations, risk purchasing groups, risk retention groups, vehicle mechanical breakdown insurers and viatical settlement brokers and providers. The Company Licensing Division provides registration for Home Service Contract Providers.

Licensing Call Center receives all incoming producer licensing calls and provides information as needed by the consumer.

Statutory Deposits Receives, reviews and maintains various types of deposits required by the Insurance Code in order for a company to comply with its licensing standards.

OFFICE OF HEALTH INSURANCE: (LA. R.S. 36:694) Consolidates the regulation of state and federal requirements applicable to commercial and government-operated health benefit plans. Provides protection to Louisiana consumers; assures continued viability of health benefit plans. The Office of Health Insurance consists of three regulatory divisions (forms, premium rate review and life and annuity) and an advisory commission, the Louisiana Health Care Commission.

Health Forms Division reviews and approves/disapproves contract/policy forms, advertising and, where authorized, rates. The staff reviews all filings for compliance with applicable statutes, rules and regulations and implements approvals made by the Interstate Insurance Product Regulation Compact.

Premium Rate Review Performs review of health premium rates for small group or individual market. The review involves an actuarial process to determine if the premium rate increases are in compliance with state and federal law.

Life, Annuity and Long Term Care Division enforces the provisions of the Louisiana Insurance Code pertaining to life insurance annuities, and long-term care products. Review for approval of life insurance, annuity, and long-term care contract forms that insurers propose to market in this state and implements approvals made by the Interstate Insurance Product Regulation Compact.

Health Care Commission engages representatives of the health insurance and health care delivery systems to recommend public policies and perform activities which extend access to health care.

OFFICE OF FINANCIAL SOLVENCY: (LA. R.S. 36:693) Analyzes and examines the financial condition of all insurers approved to conduct the business of insurance in Louisiana. The type of regulated insurer varies and includes Louisiana domiciled (domestic), out of state (foreign) and out of country (alien) insurers. These companies may operate as life, health, property and casualty, health maintenance organizations, surplus lines, self-insurance funds (primarily workers' compensation insurance), and vehicle mechanical breakdown companies. The Office of Financial Solvency plans, coordinates and administers the rehabilitation and liquidation of insolvent insurers pursuant to Part XVI and other applicable statutes contained in the Louisiana Insurance Code and under the supervision of the 19th Judicial District Court of Louisiana.

OFFICE OF PROPERTY AND CASUALTY: (La. R.S. 36:688) The Office of Property and Casualty (OPC) is tasked with regulating insurance matters relative to the lines of coverage that are considered property and casualty lines. OPC consists of two regulatory divisions and an advisory commission.

Insurance Policy Forms Division reviews, approves and/or disapproves contract forms submitted by insurers. The forms are reviewed by Division staff for compliance with applicable statutes, rules and regulations.

Insurance Rating Division reviews, approves and/or disapproves all manual rates and rules that are submitted to the Commissioner of Insurance for approval. By statute, the rates submitted by insurers are reviewed by the Division and staff actuaries to ensure that rates are not excessive, inadequate or unfairly discriminatory. The rates and rules submitted for review must be approved by the Commissioner of Insurance prior to implementation by an insurer.

Louisiana Property and Casualty Insurance Commission (LPCIC) studies and provides recommendations to the Legislature on issues relative to automobile, homeowners and workers' compensation insurance. The LPCIC submits an annual report to the Governor, Commissioner of Insurance and the Legislature that contains recommendations based upon its research, meetings and any testimony rendered during its meetings of the previous year.

DIVISION OF LEGAL SERVICES: (LA. R.S. 36:689) The Division of Legal Services acts as the legal counsel and enforcement arm of the Department. Its functions include drafting regulations, directives, bulletins and advisory letters; preparing and monitoring legislation; representing the Department in litigation before federal, state courts, and the Division of Administrative Law; enforcing insurance regulatory laws in administrative hearings; and assisting Department staff by providing legal advice on policy forms and any other insurance related matters. It also serves as a liaison between the Department and other federal, state

and local government departments, agencies and commissions as well as insurance companies, producers and consumers.

DIVISION OF INSURANCE FRAUD: (LA. R.S. 36:691.1) The Division of Insurance Fraud investigates all instances of alleged or suspected fraud committed by or upon insurance agents, brokers and companies. The Division of Insurance Fraud assists local, state and federal authorities in fraud investigations, as necessary, and cooperates with industry associations and organizations in the investigation and prevention of fraud. The Louisiana Auto Theft and Insurance Fraud Prevention Authority (LATIFPA) is a public agency within the Division of Insurance Fraud, whose purpose is to combat motor vehicle insurance fraud, including fraud by theft and other criminal acts. The Louisiana Legislature also established the Automobile Theft and Insurance Fraud Prevention Authority Fund within the LATIFPA, which collects and disburses funds through a grant process to combat motor vehicle theft and insurance fraud.

OFFICE OF CONSUMER SERVICES consists of Market Conduct and Consumer Complaints. Market Conduct performs market conduct examinations and analysis of insurers and examinations of producers to assure that policyholders, claimants and beneficiaries are being treated fairly and in line with laws, rules and regulations. Consumer Complaints monitors all of the marketing, customer service and claims handling practices of health, property and casualty, and life and annuity insurance issuers and producers conducting business in the state of Louisiana. Additionally, this Division provides information, advice and assistance to consumers and industry representatives by responding to inquiries, making public presentations and supplying pamphlets and brochures to interested parties.

PROGRAM B – MARKET COMPLIANCE

PERFORMANCE INDICATORS

KEY	INPUT
	OUTPUT
	OUTCOME
	EFFICIENCY
	QUALITY

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE
PROGRAM B – MARKET COMPLIANCE
PROGRAM ACTIVITY: OFFICE OF LICENSING – PRODUCER LICENSING

GOAL I Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

OBJECTIVE I.1 Through the Office of Licensing, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the ecommerce environment.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

- I.1.1 Work with IT division to increase access to Department services and information via internet/website.
- I.1.2 Work with NAIC to develop nationwide standards for insurance regulation and consumer protection, and propose legislation as necessary to support those standards.

PERFORMANCE INDICATORS

6417	Key	Number of producer license renewals processed
934	Key	Number of company appointments processed
25030	Key	Number of adjuster renewals processed
25405	Key	Average number of days to process problematic applications and renewals
933	General	Total number of licensed producers
6416	General	Number of new producer licenses issued
24330	General	Total number of adjusters
25031	General	Number of new adjuster licenses issued
25814	General	Percentage of first time applications submitted electronically
25815	General	Percentage of renewal applications submitted electronically

EXPLANATORY NOTE

A company appointment is the contract between the producer and the insurance company that allows the producer to offer the company’s products to his/her clients; company appointments must be made each year. Licenses are issued for a two-year period to Property & Casualty producers in one year, to Life and Health producers in alternating years.

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – PRODUCER LICENSING

OBJECTIVE I.1 Through the Office of Licensing, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
6417	Key	Number of producer license renewals processed

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the number producer licenses renewals processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754 lgasior@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – PRODUCER LICENSING

OBJECTIVE I.1 Through the Office of Licensing, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
934	Key	Number of company appointments processed

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the number of company appointments processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754 lgasior@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – PRODUCER LICENSING

OBJECTIVE I.1 Through the Office of Licensing, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
25030	Key	Number of adjuster renewals processed

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the number of adjusters renewals processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754 lgasior@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – PRODUCER LICENSING

OBJECTIVE I.1 Through the Office of Licensing, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
25405	Key	Percentage of all problematic applications and requests processed within 5 days.

Type and Level	Efficiency; General
Rationale, Relevance, Reliability	The indicator measures the staff efficiency at resolving applications and renewals with background issues (criminal, civil and regulatory) so the licensing processing does not improperly hinder an individual's livelihood while maintaining the appropriate level of consumer protection.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing in the Regulatory Management System (RMS).
Calculation Methodology	Divide the total number of problematic applications completed within 5 days by the total number of applications completed during the reporting period.
Scope	The indicator aggregates both producer and adjuster applicants.
Caveats	There are no caveats. FY 2017-2018 first year reporting as a percentage rather than average number of days
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754 lgasior@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – PRODUCER LICENSING

OBJECTIVE I.1 Through the Office of Licensing, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
933	General	Total number of licensed producers

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of producers licensed in the state.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	Measured as the total number of people licensed as producers. Agencies and adjusters are not counted for this indicator.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754 lgasior@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – PRODUCER LICENSING

OBJECTIVE I.1 Through the Office of Licensing, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
6416	General	Number of new producer licenses issued

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of new producer licenses issued.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754 lgasior@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – PRODUCER LICENSING

OBJECTIVE I.1 Through the Office of Licensing, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
24330	General	Total number of adjusters

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of claims adjusters registered in the state.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754 lgasior@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – PRODUCER LICENSING

OBJECTIVE I.1 Through the Office of Licensing, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
25031	General	Number of new adjuster licenses issued

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of new adjuster licenses issued.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754 lgasior@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – PRODUCER LICENSING

OBJECTIVE I.1 Through the Office of Licensing, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
25814	General	Percentage of first time applications submitted electronically

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the adaptation of new licensee applicants to an ecommerce environment.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing in the Regulatory Management System (RMS).
Calculation Methodology	Divide the count of applications received electronically by the total number of applications received during the reporting period, expressed as a percentage.
Scope	The indicator aggregates both producer and adjuster applicants.
Caveats	The only caveat is that problem applications (for example, applicants answer yes to questions about prior administrative actions, child support obligations, criminal history, etc.) are removed from electronic processing and not included.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754 lgasior@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – PRODUCER LICENSING

OBJECTIVE I.1 Through the Office of Licensing, to oversee the licensing of producers and claims adjusters in the state and to work with the Information Technology division to effect a smooth transition to the ecommerce environment.

LaPAS Code	Level	Performance Indicator Name
25815	General	Percentage of renewal applications submitted electronically

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the adaptation of existing licensees to an ecommerce environment.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing in the Regulatory Management System (RMS).
Calculation Methodology	Divide the count of renewals received electronically by the total number of renewals received during the reporting period, expressed as a percentage.
Scope	The indicator aggregates both producer and adjuster applicants.
Caveats	The only caveat is that problem renewals (for example, applicants answer yes to questions about prior administrative actions, child support obligations, criminal history, etc.) are removed from electronic processing and not included.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Lorie Gasior, Asst. Director, Producer Licensing; Phone (225) 219-7784; Fax (225) 342-3754 lgasior@ldi.la.gov

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE
PROGRAM B – MARKET COMPLIANCE
PROGRAM ACTIVITY: OFFICE OF LICENSING – COMPANY LICENSING

GOAL I Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

OBJECTIVE I.2 Through the Company Licensing Division of the Office of Licensing, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

- I.2.1 Develop instructions for insurers and other entities required to be licensed to follow in preparing filings and applications for submission to the department and return to insurers those filings that do not comply with the instructions.
- I.2.2 Complete the review of applications for Certificate of Authority and health maintenance organization licensure within 60 days of receipt of complete application.
- I.2.3 Complete the review of applications for vehicle mechanical breakdown insurers, property residual value insurers, risk purchasing groups, risk retention groups, viatical settlement brokers, viatical settlement providers, viatical settlement investment agent, discount medical plans, utilization review organizations, independent review organizations, dental referral plans, dissolution of domestic insurers and other applications within 50 days of receipt of complete application.
- I.2.4 Complete the processing of annual reports for third party administrators, viatical settlement providers, viatical settlement brokers and viatical settlement investment agents within 75 days of the due date thereof.
- 1.2.5 Complete the processing of requests for Certificates of Compliance, Letters of No Objection and amendments to existing licenses and registrations within 30 days of receipt of the request or notice of amendments.

PERFORMANCE INDICATORS

22844	Key	Average number of days to complete review of Certificate of Authority and health maintenance organization applications
22846	Key	Average number of days to complete processing of requests for Certificate of Compliance/No Objection Letter
22845	Key	Average number of days to review all other licensing/registration applications
22847	Key	Percentage of all applications/requests processed within the performance standard
940	General	Number of company licensing applications and filings received
941	General	Number of company licensing applications and filings processed

EXPLANATORY NOTE

Because of NRRA, licensing of surplus lines companies doing business in Louisiana is simplified and there is less review authority in non-resident states. Therefore, PI 22844 no longer includes a count of surplus lines licenses, which will be included instead in PI 22845.

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – COMPANY LICENSING

OBJECTIVE I.2 Through the Company Licensing Division of the Office of Licensing, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
22844	Key	Average number of days to complete review of Certificate of Authority and health maintenance organization applications

Type and Level	Efficiency, Key
Rationale, Relevance, Reliability	The indicator measures the average time taken to review Certificate of Authority and health maintenance organizations applications. This indicator shows the efficiency of the review process and affects competition in the Louisiana insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing, Company Licensing division in the Regulatory Management System (RMS).
Calculation Methodology	Divide the total number of days review time for all applications by the number of application considerations completed during the reporting period.
Scope	The indicator is aggregated.
Caveats	Count covers all days from receipt of complete application to final decision by LDI. Surplus Lines not included.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Tangela Byrd, Insurance Manager, Office of Licensing/Company Licensing; Phone (225) 342-5972; Fax (225) 219-9322; tbyrd@ldi.la.gov .

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – COMPANY LICENSING

OBJECTIVE I.2 Through the Company Licensing Division of the Office of Licensing, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
22846	Key	Average number of days to complete processing of requests for Certificate of Compliance/No objection letter

Type and Level	Efficiency, Key
Rationale, Relevance, Reliability	The indicator measures the average time taken to review Certificate of Compliance/No Objection Letter requests.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing, Company Licensing division in the Regulatory Management System (RMS).
Calculation Methodology	The calculation method is the average number of days from filing to completion of reviews for all applications completed during the quarter.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Tangela Byrd, Insurance Manager, Office of Licensing/Company Licensing; Phone (225) 342-5972; Fax (225) 219-9322; tbyrd@ldi.la.gov .

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – COMPANY LICENSING

OBJECTIVE I.2 Through the Company Licensing Division of the Office of Licensing, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
22845	Key	Average number of days to review all other licensing/registration applications

Type and Level	Efficiency, Key
Rationale, Relevance, Reliability	The indicator measures the average time taken to review all other licensing/registration applications including Surplus Lines.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing, Company Licensing division in the Regulatory Management System (RMS).
Calculation Methodology	The calculation method is the average number of days from filing to completion of reviews for all applications completed during the quarter.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Tangela Byrd, Insurance Manager, Office of Licensing/Company Licensing; Phone (225) 342-5972; Fax (225) 219-9322; tbyrd@ldi.la.gov .

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – COMPANY LICENSING

OBJECTIVE I.2 Through the Company Licensing Division of the Office of Licensing, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
22847	Key	Percentage of all applications/requests processed within the performance standard

Type and Level	Efficiency, Key
Rationale, Relevance, Reliability	The indicator measures the percentage of all applications/requests that are processed within the performance standard. This indicator shows the efficiency of the review process and affects competition in the Louisiana insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing, Company Licensing division in the Entity Management System.
Calculation Methodology	Divide the total number of applications completed within their respective performance standard by the total number of applications completed during the reporting period.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Tangela Byrd, Insurance Manager, Office of Licensing/Company Licensing; Phone (225) 342-5972; Fax (225) 219-9322; tbyrd@ldi.la.gov .

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – COMPANY LICENSING

OBJECTIVE I.2 Through the Company Licensing Division of the Office of Licensing, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
940	General	Number of company licensing applications and filings received

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of company filings and applications received. This data helps identify staffing needs and opportunities for efficiencies achieved through technology.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing, Company Licensing division in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Tangela Byrd, Insurance Manager, Office of Licensing/Company Licensing; Phone (225) 342-5972; Fax (225) 219-9322; tbyrd@ldi.la.gov .

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF LICENSING – COMPANY LICENSING

OBJECTIVE I.2 Through the Company Licensing Division of the Office of Licensing, to review applications for all license or registration types, other than insurance producers and adjusters, required to be filed with and approved by the Department of Insurance.

LaPAS Code	Level	Performance Indicator Name
941	General	Number of company licensing applications and filings processed

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of company applications and filings processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Licensing, Company Licensing division in the Entity Management System.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are filings submitted in one fiscal year but completed in a subsequent fiscal year.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Tangela Byrd, Insurance Manager, Office of Licensing/Company Licensing; Phone (225) 342-5972; Fax (225) 219-9322; tbyrd@ldi.la.gov .

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE
PROGRAM B – MARKET COMPLIANCE
PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY – HEALTH FORMS

GOAL I Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

OBJECTIVE I.3 Through the Health Forms Division, to review for compliance with state and federal regulations, all fully-insured health policy forms/contracts, Medicare supplement rates, URO/IRO applications renewals and annual reports and discount medical plan applications and renewals within the performance standard.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

- I.3.1 Increase the depth of knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.
- I.3.2 Distribute and manage workload to reach conclusion of form filing reviews in a timely manner.

PERFORMANCE INDICATORS

12290	Key	Average number of days to process health form filing reviews.
22857	Key	Percentage of health form filing reviews completed within the performance standard.
986	General	Number of health policy forms/contracts, Medicare supplement rates and discount medical plan applications and renewals received.
10212	General	Number of health policy forms/contracts, Medicare supplement rates and discount medical plan applications and renewals processed.
985	General	Percentage of health form filings approved
25408	General	Number of disability forms approved through the Interstate Insurance Product Regulation Compact (IIPRC)
NEW	General	Number of Utilization Review Organization (URO) applications received
NEW	General	Number of Utilization Review Organization (URO) applications processed

NEW	General	Average number of days to process Independent Review Organizations (IRO) (new and renewal)
NEW	General	Number of Independent Review Organizations (IRO) applications received (new and renewal)
NEW	General	Number of Independent Review Organizations (IRO) applications processed (new and renewal)

EXPLANATORY NOTES

All fully insured policy forms/contracts must be reviewed and approved by LDI before they can be offered for sale in the state. Delays in the process can result in insurers not being able to timely offer those products to consumers. Good efficiency in this area is important to our department-wide efforts to attract more companies to do business in the state.

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY – HEALTH FORMS

OBJECTIVE I.3 Through the Health Forms Division, to review for compliance with state and federal regulations, all fully-insured health policy forms/contracts, Medicare supplement rates, URO/IRO applications renewals and annual reports and discount medical plan applications and renewals within the performance standard.

LaPAS Code	Level	Performance Indicator Name
12290	Key	Average number of days to process health form filing reviews.

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the average number of days to process health form filing reviews, which include major medical policy forms and health maintenance organization subscriber agreements, expected limited and supplemental benefit health policies, Medicare supplement advertising rates and discount medical plan applications and renewals. Documented in RMS, timely forms processing supports a diverse and competitive insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Regulatory Management System (RMS).
Calculation Methodology	Total number of days to process all health filings divided by the number of filings completed during the reporting period.
Scope	The indicator is aggregated.
Caveats	This average calculation includes only form filing reviews where processing was completed during the reporting period. It ignores pending filings. Each filing may consist of multiple forms related to a single product.
Accuracy, Maintenance, Support	Reports are generated from RMS and are maintained within the Office of Health, Life and Annuity.
Responsible Person	Alecia Johnson, Insurance Manager, Office of Health, Life and Annuity; (225) 342-4787; Fax (225) 342-6057, ajohnson2@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY – HEALTH FORMS

OBJECTIVE I.3 Through the Health Forms Division, to review for compliance with state and federal regulations, all fully-insured health policy forms/contracts, Medicare supplement rates, URO/IRO applications renewals and annual reports and discount medical plan applications and renewals within the performance standard.

LaPAS Code	Level	Performance Indicator Name
22857	Key	Percentage of health form filing reviews completed within the performance standard

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of health form filing reviews completed within the performance standard. Each filing may consist of multiple forms related to a single product. Documented in RMS, timely forms processing supports a diverse and competitive insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Regulatory Management System (RMS).
Calculation Methodology	The number of health form filing reviews closed within 30 days by the total number of health form filing reviews completed during the reporting period, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are generated from RMS and are maintained within the Office of Health, Life and Annuity.
Responsible Person	Alecia Johnson, Insurance Manager, Office of Health, Life and Annuity; (225) 342-4787; Fax (225) 342-6057, ajohnson2@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY – HEALTH FORMS

OBJECTIVE I.3 Through the Health Forms Division, to review for compliance with state and federal regulations, all fully-insured health policy forms/contracts, Medicare supplement rates, URO/IRO applications renewals and annual reports and discount medical plan applications and renewals within the performance standard.

LaPAS Code	Level	Performance Indicator Name
986	General	Number of health policy forms/contracts, Medicare supplement rates and discount medical plan applications and renewals received.

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of health policy forms/contracts, Medicare supplement rates and discount medical plan applications and renewals received. Tracking volume provides data for staffing needs.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Regulatory Management System (RMS).
Calculation Methodology	The calculation method is a standard count of all form filings, which include major medical policy forms, health maintenance organization subscriber agreements expected, limited and supplemental benefit health policy forms, Medicare supplement advertising rate received and discount medical plan applications and renewals regardless of the department's authority to approve prior to use or accept as filed.
Scope	The indicator is aggregated.
Caveats	Includes IIPRC filings.
Accuracy, Maintenance, Support	Reports are generated from RMS and are maintained within the Office of Health, Life and Annuity.
Responsible Person	Alecia Johnson, Insurance Manager, Office of Health, Life and Annuity; (225) 342-4787; Fax (225) 342-6057, ajohnson2@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY – HEALTH FORMS

OBJECTIVE I.3 Through the Health Forms Division, to review for compliance with state and federal regulations, all fully-insured health policy forms/contracts, Medicare supplement rates, URO/IRO applications renewals and annual reports and discount medical plan applications and renewals within the performance standard.

LaPAS Code	Level	Performance Indicator Name
10212	General	Number of health policy forms/contracts, Medicare supplement rates and discount medical plan applications and renewals processed.

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of health policy forms/contracts and Medicare supplement rates and discount medical plan applications and renewals processed. Tracking completed activity provides data on year-to-year progress.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are generated from RMS and are maintained within the Office of Health, Life and Annuity.
Responsible Person	Alecia Johnson, Insurance Manager, Office of Health, Life and Annuity; (225) 342-4787; Fax (225) 342-6057, ajohnson2@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY – HEALTH FORMS

OBJECTIVE I.3 Through the Health Forms Division, to review for compliance with state and federal regulations, all fully-insured health policy forms/contracts, Medicare supplement rates, URO/IRO applications renewals and annual reports and discount medical plan applications and renewals within the performance standard.

LaPAS Code	Level	Performance Indicator Name
985	General	Percentage of health form filings approved

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the percentage of health policy forms/contracts, Medicare supplement rates and discount medical plan applications and renewals approved. It is relevant to understanding the quality of filings received and the effect of training, instruction and guides provided by the LDI.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Regulatory Management System (RMS).
Calculation Methodology	Divide the number of health policy forms/contracts, Medicare supplement rates and discount medical plan applications and renewals approved by the number of health policy forms/contracts, Medicare supplement rates and discount medical plan applications and renewals subject to approval for the fiscal year, expressed as a percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are generated from RMS and are maintained within the Office of Health, Life and Annuity.
Responsible Person	Alecia Johnson, Insurance Manager, Office of Health, Life and Annuity; (225) 342-4787; Fax (225) 342-6057, ajohnson2@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY – HEALTH FORMS

OBJECTIVE I.3 Through the Health Forms Division, to review for compliance with state and federal regulations, all fully-insured health policy forms/contracts, Medicare supplement rates, URO/IRO applications renewals and annual reports and discount medical plan applications and renewals within the performance standard.

LaPAS Code	Level	Performance Indicator Name
25408	General	Number of disability forms approved through the Interstate Insurance Product Regulation Compact (IIPRC)

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator reflects the number of disability forms filed for use in multiple states through the IIPRC when Louisiana is one of the states where the filing will be used.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The data is received through SERFF and tracked in a centralized location within the RMS system.
Calculation Methodology	The calculation method is a standard count of closed filings.
Scope	The indicator is disaggregated. It includes only IIPRC filings.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are generated from RMS and are maintained within the Office of Health, Life and Annuity.
Responsible Person	Alecia Johnson, Insurance Manager, Office of Health, Life and Annuity; (225) 342-4787; Fax (225) 342-6057, ajohnson2@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY – HEALTH FORMS

OBJECTIVE I.3 Through the Health Forms Division, to review for compliance with state and federal regulations, all fully-insured health policy forms/contracts, Medicare supplement rates, URO/IRO applications renewals and annual reports and discount medical plan applications and renewals within the performance standard.

LaPAS Code	Level	Performance Indicator Name
NEW	General	Number of Utilization Review Organization (URO) applications received

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of URO applications received in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The data is received through Regulatory Management System (RMS).
Calculation Methodology	The calculation method is a standard count of applications received.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are generated from RMS and are maintained within the Office of Health, Life and Annuity.
Responsible Person	Alecia Johnson, Insurance Manager, Office of Health, Life and Annuity; (225) 342-4787; Fax (225) 342-6057, ajohnson2@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY – HEALTH FORMS

OBJECTIVE I.3 Through the Health Forms Division, to review for compliance with state and federal regulations, all fully-insured health policy forms/contracts, Medicare supplement rates, URO/IRO applications renewals and annual reports and discount medical plan applications and renewals within the performance standard.

LaPAS Code	Level	Performance Indicator Name
NEW	General	Number of Utilization Review Organization (URO) applications processed.

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of URO applications processed in the fiscal year. It indicates the staff workload associated with this activity and assures that an adequate number of UROs are available in the market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Regulatory Management System (RMS)
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are generated from RMS and are maintained within the Office of Health, Life and Annuity.
Responsible Person	Alecia Johnson, Insurance Manager, Office of Health, Life and Annuity; (225) 342-4787; Fax (225) 342-6057, ajohnson2@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY – HEALTH FORMS

OBJECTIVE I.3 Through the Health Forms Division, to review for compliance with state and federal regulations, all fully-insured health policy forms/contracts, Medicare supplement rates, URO/IRO applications renewals and annual reports and discount medical plan applications and renewals within the performance standard.

LaPAS Code	Level	Performance Indicator Name
NEW	General	Average number of days to process Independent Review Organizations (IRO) (new and renewal)

Type and Level	Efficiency; General
Rationale, Relevance, Reliability	The indicator measures the average number of days to process IRO applications.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The data is received through SERFF and tracked in a centralized location within Regulatory Management System (RMS).
Calculation Methodology	The calculation method is a standard count of closed filings.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are generated from RMS and are maintained within the Office of Health, Life and Annuity.
Responsible Person	Alecia Johnson, Insurance Manager, Office of Health, Life and Annuity; (225) 342-4787; Fax (225) 342-6057, ajohnson2@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY – HEALTH FORMS

OBJECTIVE I.3 Through the Health Forms Division, to review for compliance with state and federal regulations, all fully-insured health policy forms/contracts, Medicare supplement rates, URO/IRO applications renewals and annual reports and discount medical plan applications and renewals within the performance standard.

LaPAS Code	Level	Performance Indicator Name
NEW	General	Number of Independent Review Organizations (IRO) applications received (new and renewal)

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of IRO applications received in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The data is received through Regulatory Management System (RMS).
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are generated from RMS and are maintained within the Office of Health, Life and Annuity.
Responsible Person	Alecia Johnson, Insurance Manager, Office of Health, Life and Annuity; (225) 342-4787; Fax (225) 342-6057, ajohnson2@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY – HEALTH FORMS

OBJECTIVE I.3 Through the Health Forms Division, to review for compliance with state and federal regulations, all fully-insured health policy forms/contracts, Medicare supplement rates, URO/IRO applications renewals and annual reports and discount medical plan applications and renewals within the performance standard.

LaPAS Code	Level	Performance Indicator Name
NEW	General	Number of Independent Review Organizations (IRO) applications processed (new and renewal)

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator reflects the number of IRO applications processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The data is received through Regulatory Management System (RMS).
Calculation Methodology	The calculation method is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are generated from RMS and are maintained within the Office of Health, Life and Annuity.
Responsible Person	Alecia Johnson, Insurance Manager, Office of Health, Life and Annuity; (225) 342-4787; Fax (225) 342-6057, ajohnson2@ldi.la.gov

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY–LIFE, ANNUITY, LTC FORMS DIVISION

GOAL I Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

OBJECTIVE I.4 Through the Life, Annuity, and Long-term Care Policy Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

- I.4.1 Increase the expertise and knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.
- I.4.2 Develop instructions for insurers to follow in preparing filings and applications for submission to the department and return to insurers those filings that do not comply with the instructions.
- 1.4.3 Review and issue final decision on all forms, advertising and rates for which pre-approval is required within 45 days of receipt of a complete filing.
- 1.4.4. Review and acknowledge all forms, advertising and rates which are filed for informational purposes within 10 days of receipt of a complete filing.

PERFORMANCE INDICATORS

13988	Key	Average number of days to process life, annuity and long-term care forms, advertising and rates, which require pre-approval
22849	Key	Percentage of life, annuity and long-term care forms, advertising and rate reviews completed within the performance standard
13987	General	Percentage of life, annuity and long-term care, advertising and rates which require pre-approval approved
13990	General	Number of life, annuity and long-term care form, advertising and rate reviews received
13991	General	Number of life, annuity and long-term care forms, advertising and rates processed
25406	General	Number of life, annuity and long-term care forms, advertising and rates filed for informational purposes only
25407	General	Number of life, annuity and long-term care forms approved through the Interstate Insurance Product Regulation Compact (IIPRC)

EXPLANATORY NOTES

All forms must be reviewed and approved by LDI before they can be offered for sale in the state unless approved through the Interstate Insurance Product Regulation Compact. Delays in the process can result in consumers not having access to those products and to insurers not being able to sell those products. Good efficiency in this area is important to our department-wide efforts to attract more companies to do business in the state.

Performance indicators on processing time for forms filed are measured by filings. While each filing is tied to a single insurance product, multiple forms may be included in a single filing.

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY–LIFE, ANNUITY, LTC FORMS DIVISION

OBJECTIVE I.4 Through the Life, Annuity, and Long-term Care Policy Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

LaPAS Code	Level	Performance Indicator Name
13988	Key	Average number of days to process life, annuity and long-term care forms, advertising and rates, which require pre-approval

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the average time it takes to process forms, advertising and rates which require pre-approval in the reporting period. This indicator shows the efficiency of the review process and affects competition in the Louisiana insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Health, Life and Annuity-Life, Annuity, LTC Forms in the Regulatory Management System (RMS).
Calculation Methodology	Divide the total days required for all form approval processing by the number of filings processed during the reporting period.
Scope	The indicator is aggregated. It includes all forms, rates and advertising processed by LDI, but excludes forms approved through the Interstate Insurance Product Regulation Compact.
Caveats	This average calculation includes only forms where processing was completed during the reporting period. It ignores pending filings.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS). Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Beth O'Quin, Insurance Manager, Life, Annuity, and Long-term Care Forms Division; Phone (225) 342-6990; Fax (225) 342-6057 boquin@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY–LIFE, ANNUITY, LTC FORMS DIVISION

OBJECTIVE I.4 Through the Life, Annuity, and Long-term Care Policy Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

LaPAS Code	Level	Performance Indicator Name
22849	Key	Percentage of life, annuity and long-term care forms, advertising and rate reviews completed within the performance standard

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of life, annuity and long-term care forms that are completed within the performance standard. This indicator shows the efficiency of the review process and affects competition in the Louisiana insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Health, Life and Annuity-Life, Annuity, LTC Forms in the Regulatory Management System (RMS).
Calculation Methodology	Divide the number of life, annuity and long-term care forms preapproved or disapproved within 45 days by the total number of filings processed during the reporting period.
Scope	The indicator is aggregated. It includes all forms and rates and advertising approvals/disapprovals processed by LDI but excludes approvals through the IIPRC.
Caveats	This includes only form submissions subject to the pre-approval process.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS). Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Beth O’Quin, Insurance Manager, Life, Annuity, and Long-term Care Forms Division; Phone (225) 342-6990; Fax (225) 342-6057 boquin@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY–LIFE, ANNUITY, LTC FORMS DIVISION

OBJECTIVE I.4 Through the Life, Annuity, and Long-term Care Policy Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

LaPAS Code	Level	Performance Indicator Name
13987	General	Percentage of life, annuity and long-term care forms, advertising and rates approved

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the percentage of life, annuity and long-term care forms approved as a ratio of all forms closed during the reporting period, limited to forms requiring approval.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Health, Life and Annuity-Life, Annuity, LTC Forms in the Regulatory Management System (RMS).
Calculation Methodology	Divide the number of forms, rates and advertising approved by the number of filings subject to approval for the fiscal year, expressed as percentage.
Scope	The indicator is aggregated. It includes all forms, rates and advertising processed for approval by LDI and IIPRC and all advertising and rates processed by LDI.
Caveats	This includes only form submissions subject to the pre-approval process.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS). Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Beth O'Quin, Insurance Manager, Life, Annuity, and Long-term Care Forms Division; Phone (225) 342-6990; Fax (225) 342-6057 boquin@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY–LIFE, ANNUITY, LTC FORMS DIVISION

OBJECTIVE I.4 Through the Life, Annuity, and Long-term Care Policy Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

LaPAS Code	Level	Performance Indicator Name
13990	General	Number of life, annuity and long-term care forms, advertising and rates received

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the volume of life, annuity and long-term care forms, advertising and rates received in a fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Health, Life and Annuity-Life, Annuity, LTC Forms in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	It includes all forms received whether received for approval process or information filing.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS). Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Beth O'Quin, Insurance Manager, Life, Annuity, and Long-term Care Forms Division; Phone (225) 342-6990; Fax (225) 342-6057 boquin@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY–LIFE, ANNUITY, LTC FORMS DIVISION

OBJECTIVE I.4 Through the Life, Annuity, and Long-term Care Policy Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

LaPAS Code	Level	Performance Indicator Name
13991	General	Number of life, annuity and long-term care forms, advertising and rates processed

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of forms, advertising and rates processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Health, Life and Annuity-Life, Annuity, LTC Forms in the Regulatory Management System (RMS).
Calculation Methodology	The calculation method is a standard count of closed filings.
Scope	The indicator is disaggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS). Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Beth O'Quin, Insurance Manager, Life, Annuity, and Long-term Care Forms Division; Phone (225) 342-6990; Fax (225) 342-6057 boquin@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY–LIFE, ANNUITY, LTC FORMS DIVISION

OBJECTIVE I.4 Through the Life, Annuity, and Long-term Care Policy Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

LaPAS Code	Level	Performance Indicator Name
25406	General	Number of life, annuity and long-term care forms, advertising and rates filed for informational purposes only

Type and Level	Input; General
Rationale, Relevance, Reliability	Tracking form volume assists management in making staffing decisions and may indicate market trends.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Health, Life and Annuity-Life, Annuity, LTC Forms in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated. It includes all informational forms received by LDI, and includes forms approved through the Interstate Insurance Product Regulation Compact.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS). Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Beth O'Quin, Insurance Manager, Life, Annuity, and Long-term Care Forms Division; Phone (225) 342-6990; Fax (225) 342-6057 boquin@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH, LIFE AND ANNUITY–LIFE, ANNUITY, LTC FORMS DIVISION

OBJECTIVE I.4 Through the Life, Annuity, and Long-term Care Policy Forms Division, to review and issue a final decision on all forms, advertising, and long-term care rates in a timely manner.

LaPAS Code	Level	Performance Indicator Name
25407	General	Number of life, annuity and long-term care forms approved through the Interstate Insurance Product Regulation Compact (IIPRC)

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of contract/policy forms approved by the IIPRC for use in Louisiana. Tracking form volume may indicate market trends and impact LDI staffing needs.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Health, Life and Annuity-Life, Annuity, LTC Forms in the Regulatory Management System (RMS).
Calculation Methodology	The calculation method is a standard count of closed filings.
Scope	The indicator is disaggregated. It includes only IIPRC filings.
Caveats	There are no caveats. (subset of informational filings)
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS). Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Beth O'Quin, Insurance Manager, Life, Annuity, and Long-term Care Forms Division; Phone (225) 342-6990; Fax (225) 342-6057 boquin@ldi.la.gov

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE
PROGRAM B – MARKET COMPLIANCE
PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – PREMIUM RATE REVIEW

GOAL I Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

OBJECTIVE I.5 Through the Health Division, to review initial premium rate filings and premium rate changes for small group or individual market.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

I.5.1 Develop instructions for insurers to follow in preparing filings which include annual reports, applications (new and renewals) for submission to the department and return to insurers those filings that do not comply with such instructions.

I.5.1 Use automated tracking for rate/rule filings to determine turn-around times.

PERFORMANCE INDICATORS

25847 Key Average number of days to process health rate reviews.

NEW General Number of health review rate filings received.

NEW General Number of health review rate filings processed.

EXPLANATORY NOTE The Health Premium Rate Review Division began the review of certain health insurance rates in the small group and individual markets effective January 1, 2014. The division performs a detailed analysis and review of these rate filings. The LDI does not have approval authority over health insurance rates. The LDI does have statutory authority to review rates for compliance with both federal and state law, review rate increases that are ten percent or more to determine whether the increase is reasonable and actuarially justified, and post on the LDI website any proposed rate increase that meets or exceeds the ten percent federal threshold and undertake any other actions necessary pursuant to Section 2794 of the Public Health Service Act. Note: Small group health plan is for insurance through an employer with 50 or fewer eligible employees. Individual market health plan is for someone who is buying insurance directly from an insurance company.

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – PREMIUM RATE REVIEW

OBJECTIVE I.5 Through the Health Division, to review initial premium rate filings and premium rate changes for small group or individual market.

LaPAS Code	Level	Performance Indicator Name
22857	Key	Average number of days to process health rate reviews.

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the average number of days it takes to process health rate reviews.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Regulatory Management System (RMS).
Calculation Methodology	Sum total of days to close all files closed in a reporting period, divided by the total number of files closed in that period.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are run from Regulatory Management System (RMS) at the close of the reporting period. Reports are maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Dee Dee Mathews, Insurance Specialist, Phone (225) 342-0782; Fax (225) 342-6057; dmathews@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – PREMIUM RATE REVIEW

OBJECTIVE I.5 Through the Health Division, to review initial premium rate filings and premium rate changes for small group or individual market.

LaPAS Code	Level	Performance Indicator Name
NEW	GENERAL	Number of health review rate filings received.

Type and Level	Input; general
Rationale, Relevance, Reliability	The indicator measures the number of health rate reviews received.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Regulatory Management System (RMS).
Calculation Methodology	This is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are run from Regulatory Management System (RMS) at the close of the reporting period. Reports are maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Dee Dee Mathews, Insurance Specialist, Phone (225) 342-0782; Fax (225) 342-6057; dmathews@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF HEALTH INSURANCE – PREMIUM RATE REVIEW

OBJECTIVE I.5 Through the Health Division, to review initial premium rate filings and premium rate changes for small group or individual market.

LaPAS Code	Level	Performance Indicator Name
NEW	General	Number of health review rate filings processed.

Type and Level	Outcome; Key
Rationale, Relevance, Reliability	The indicator measures the number of health review rate filings processed.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Regulatory Management System (RMS).
Calculation Methodology	This is a standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are run from Regulatory Management System (RMS) at the close of the reporting period. Reports are maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Dee Dee Mathews, Insurance Specialist, Phone (225) 342-0782; Fax (225) 342-6057; dmathews@ldi.la.gov

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE
PROGRAM B – MARKET COMPLIANCE
PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

GOAL I Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

OBJECTIVE I.6 Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

- I.6.1 Monitor regulated entities through financial examination and analysis to detect all adverse financial and other conditions, and take remedial steps as necessary.
- I.6.2 Maintain compliance with Louisiana law and NAIC standards for financial and market conduct examinations.
- I.6.3 Include premium tax audit in all examinations.
- I.6.4 Manage the estates of companies in receivership through liquidation of assets and court-approved closure.

PERFORMANCE INDICATORS

11939	Key	Percentage of filings by domestic companies analyzed – financial
6410	General	Number of companies examined – financial
11938	General	Percentage of domestic companies examined – financial
25409	General	Number of examinations coordinated with other states
6412	General	Number of companies analyzed – financial
22850	General	Number of filings of domestic companies analyzed
13768	General	Number of companies in administrative supervision at beginning of fiscal year
921	General	Number of companies placed in administrative supervision during fiscal year
922	General	Number of companies returned to good health/removed from administrative supervision during fiscal year

12273	General	Number of companies in receivership at beginning of fiscal year
904	General	Number of companies in receivership brought to final closure
24329	General	Average number of months estates currently in receivership have been held in receivership

EXPLANATORY NOTES

The department has an aggressive program of financial examinations and analyses. A field examination takes place on-site and is required by statute to be no less frequent than once every five years. Analysis occurs in the department, using various filings, results of previous and current examinations, complaints and other data to determine if a company merits examination sooner than its scheduled date. By law, a company can be examined more frequently than every five years when indicated. This system allows for earlier detection of problems and earlier remediation. A market conduct examination may be conducted in concert with a financial examination; complaints may trigger a market conduct examination. Because of the NAIC accreditation process, the office is able to rely on financial analyses and examinations by accredited insurance departments in a foreign insurer's domiciliary state.

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.6 Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
11939	Key	Percentage of filings by domestic companies analyzed - financial

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of filings by domestic companies analyzed financially during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Divide the number of financial filings analyzed by the number of financial filings received, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report that details companies analyzed is maintained in the Analysis Division.
Responsible Person	Stewart Guerin, Chief Examiner, Office of Financial Solvency; (225) 219-3929; Fax (225) 342-9203; sguerin@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.6 Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
6410	General	Number of companies examined - financial

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of companies examined financially in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report that details companies examined is maintained in the Examinations Division.
Responsible Person	Stewart Guerin, Chief Examiner, Office of Financial Solvency; (225) 219-3929; Fax (225) 342-9203; sguerin@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.6 Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
11938	General	Percentage of domestic companies examined - financial

Type and Level	Efficiency; General
Rationale, Relevance, Reliability	The indicator measures the percentage of domestic companies examined financially during the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	The calculation method is the number examined divided by the number of domestics licensed and subject to examination.
Scope	The indicator is aggregated.
Caveats	Calculation uses total number of domestic companies, without regard to the 5 year cycle since examinations can occur more frequently.
Accuracy, Maintenance, Support	Report that keeps track of companies examined is maintained in Examinations Division.
Responsible Person	Cindy Riviere, Assistant Chief - Exams, Office of Financial Solvency; (225) 342-9171; Fax (225) 342-9203; criviere@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.6 Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
25409	General	Number of financial examinations coordinated with other states

Type and Level	Efficiency; General
Rationale, Relevance, Reliability	The indicator measures the number of exams coordinated with other states. These examinations are of companies in a group, which are regulated by more than one state.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	The Office of Financial Solvency maintains a report, which tracks exams coordinated with other states.
Responsible Person	Cindy Riviere, Assistant Chief Examiner - Exams, Office of Financial Solvency; (225) 342-9171 Fax (225) 342-9203; criviere@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.6 Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
6412	General	Number of companies analyzed - financial

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of companies analyzed financially in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	A report tracking companies analyzed is maintained in the Analysis Division.
Responsible Person	Stewart Guerin, Chief Examiner, Office of Financial Solvency; (225) 219-3929; Fax (225) 342-9203; sguerin@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.6 Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
22850	General	Number of filings of domestic companies analyzed

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of filings of domestic companies analyzed during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report which details domestic companies analyzed is maintained in the Analysis Division.
Responsible Person	Stewart Guerin, Chief Examiner, Office of Financial Solvency; (225) 219-3929; Fax (225) 342-9203; sguerin@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.6 Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
13768	General	Number of companies in administrative supervision at beginning of fiscal year

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of companies in administrative supervision at the beginning of the fiscal year
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	A report detailing companies in supervision along with date placed in supervision and date released, if applicable, is maintained in the Office of Financial Solvency.
Responsible Person	Walt Corey, Attorney 4, Office of Commissioner Phone (225)219-0605; FAX: (225) 342-1632; wcorey@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.6 Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
921	General	Number of companies placed in administrative supervision during the fiscal year

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the number of companies placed in administrative supervision during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	The Office of Financial Solvency maintains a report that details companies in Supervision along with date placed in supervision and date released, if applicable.
Responsible Person	Walt Corey, Attorney 4, Office of Commissioner Phone (225)219-0605; FAX: (225) 342-1632; wcorey@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE 1.6 Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
922	General	Number of companies returned to good health/removed from administrative supervision during fiscal year

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the number of companies removed from administrative supervision in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	The Office of Financial Solvency maintains a report that details companies in Supervision along with date placed in supervision and date released, if applicable.
Responsible Person	Walt Corey, Attorney 4, Office of Commissioner Phone (225)219-0605; FAX: (225) 342-1632; wcorey@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.6 Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
12273	General	Number of companies in receivership at beginning of fiscal year

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the companies in receivership at the beginning of the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	A report is maintained listing all open receiverships.
Responsible Person	Walt Corey, Attorney 4, Office of Commissioner Phone (225)219-0605; FAX: (225) 342-1632; wcorey@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.6 Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
904	General	Number of companies in receivership brought to final closure

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of companies brought to final closure.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	The Office of Financial Solvency maintains a report which details companies in receivership brought to final closure.
Responsible Person	Walt Corey, Attorney 4, Office of Commissioner Phone (225)219-0605; FAX: (225) 342-1632; wcorey@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF FINANCIAL SOLVENCY

OBJECTIVE I.6 Through the Office of Financial Solvency, to monitor the financial soundness of regulated entities, to provide assurance that premium tax owed is remitted, and to manage estates of companies in receivership.

LaPAS Code	Level	Performance Indicator Name
24329	General	Average number of months estates currently in receivership have been held in receivership

Type and Level	Efficiency; General
Rationale, Relevance, Reliability	The indicator measures the average number of months estates are held in receivership.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	The calculation method is an average total number of months for all estates currently in receivership divided by the total number of estates currently in receivership.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	A report is maintained that details the average months that all open estates have remained open.
Responsible Person	Walt Corey, Attorney 4, Office of Commissioner Phone (225)219-0605; FAX: (225) 342-1632; wcorey@ldi.la.gov

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE
PROGRAM B – MARKET COMPLIANCE
PROGRAM ACTIVITY: PROPERTY & CASUALTY – FORMS

GOAL I Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

OBJECTIVE I.7 Through the Property and Casualty Forms Division, to pre-approve or disapprove all contract forms for insurers’ use with consumers within 30 days.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

- I.7.1 Increase the expertise and knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.
- I.7.2 Develop instructions for insurers to follow in preparing filings and applications for submission to the department and return to insurers those filings that do not comply with the instructions.

PERFORMANCE INDICATORS

13939	Key	Average number of days to process property & casualty contract/policy form filings
22852	Key	Percentage of property & casualty contract/policy form filing reviews completed within the performance standard
13942	General	Number of property & casualty contract/policy forms received
13943	General	Number of property & casualty contract/policy forms processed
13940	General	Percentage of property & casualty contract/policy forms approved
24953	General	Percentage of property & casualty contract/policy forms disapproved

EXPLANATORY NOTE

All contract/policy forms must be reviewed and approved by LDI before they can be offered for sale in the state. Delays in the process can result in consumers not having access to products and to insurers not being able to sell those products. Good efficiency in this area is important to our Department-wide efforts to attract more companies to do business in the state.

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – FORMS

OBJECTIVE I.7 Through the Property and Casualty Forms Division, to pre-approve or disapprove all contract forms for insurers' use with consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
13939	Key	Average number of days to process property & casualty contract/policy form filings

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the average time required to process P&C contract/policy forms during the reporting period. Documented in RMS, timely forms processing supports a diverse and competitive insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property and Casualty in the Regulatory Management System (RMS).
Calculation Methodology	Divide total number of days to process all P&C contract/policy form filings by total number of policy form filings completed during the reporting period.
Scope	The indicator is aggregated.
Caveats	This average calculation includes only forms where processing was completed during the reporting period. It ignores pending filings. Timing begins upon assignment of the filing to a staff member.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Rachelle Carter, Director, P&C Forms Division; Phone (225) 219-5093; Fax (225) 342-5711; rcarter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – FORMS

OBJECTIVE 1.7 Through the Property and Casualty Forms Division, to pre-approve or disapprove all contract forms for insurers' use with consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
22852	Key	Percentage of property & casualty contract/policy form filing reviews completed within the performance standard

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of P&C contract/policy forms processed within the performance standard. Documented in RMS, timely forms processing supports a diverse and competitive insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property and Casualty in the Regulatory Management System (RMS).
Calculation Methodology	Divide the number of P&C contract/policy forms processed within the performance standard by the total number of forms processed during the reporting period, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	This performance measure ignores forms pending at end of reporting period.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Rachelle Carter, Director, P&C Forms Division; Phone (225) 219-5093; Fax (225) 342-5711; rcarter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – FORMS

OBJECTIVE 1.7 Through the Property and Casualty Forms Division, to pre-approve or disapprove all contract forms for insurers' use with consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
13942	General	Number of property & casualty contract/policy forms received

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of P&C contract/policy forms received during the fiscal year. Tracking volume provides data for staffing needs.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property and Casualty in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Rachelle Carter, Director, P&C Forms Division; Phone (225) 219-5093; Fax (225) 342-5711; rcarter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – FORMS

OBJECTIVE 1.7 Through the Property and Casualty Forms Division, to pre-approve or disapprove all contract forms for insurers' use with consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
13943	General	Number of property & casualty contract/policy forms processed

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of P&C contract/policy forms processed during the fiscal year. Tracking completed activity provides data on year-to-year progress.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property and Casualty in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Rachelle Carter, Director, P&C Forms Division; Phone (225) 219-5093; Fax (225) 342-5711; rcarter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – FORMS

OBJECTIVE I.7 Through the Property and Casualty Forms Division, to pre-approve or disapprove all contract forms for insurers' use with consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
13940	General	Percentage of property & casualty contract/policy forms approved

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the percentage of contract/policy forms approved during the fiscal year. It is relevant to understanding the quality of filings received and the effect of training, instruction and guides provided by the LDI.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property and Casualty in the Regulatory Management System (RMS).
Calculation Methodology	Divide number of forms approved by the total forms processed during reporting period, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	Percentage of all forms formula defines "total forms processed" as all forms received for prior approval plus forms for informational purposes only, plus forms withdrawn. "Forms approved" is the total LDI approved plus forms filed as certified approved (and does not include informational filings, forms withdrawn or filings where companies adopt filing organization's forms).
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Rachelle Carter, Director, P&C Forms Division; Phone (225) 219-5093; Fax (225) 342-5711; rcarter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: PROPERTY & CASUALTY – FORMS

OBJECTIVE 1.7 Through the Property and Casualty Forms Division, to pre-approve or disapprove all contract forms for insurers' use with consumers within 30 days.

LaPAS Code	Level	Performance Indicator Name
24953	General	Percentage of property & casualty contract/policy forms disapproved

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the percentage of contract/policy forms disapproved during the fiscal year. It provides feedback on the quality of filings received and on the effectiveness of the LDI's training, instruction and guides.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property and Casualty in the Regulatory Management System (RMS).
Calculation Methodology	The calculation method is a total disapproved divided by total forms processed during the reporting period. "Total forms processed" is all forms received for prior approval plus forms for informational purposes only, plus forms withdrawn.
Scope	The indicator is aggregated.
Caveats	This formula defines "total forms processed" as all forms received for prior approval plus forms for informational purposes only, plus forms withdrawn.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Rachelle Carter, Director, P&C Forms Division; Phone (225) 219-5093; Fax (225) 342-5711; rcarter@ldi.la.gov

04-165 DEPARTMENT OF INSURANCE
PROGRAM B – MARKET COMPLIANCE
PROGRAM ACTIVITY: OFFICE OF PROPERTY & CASUALTY – RATING

GOAL I Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

OBJECTIVE I.8 Through the Property and Casualty Rating Division to process rate change requests in a timely manner.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

I.8.1 Develop and distribute instructions for industry to follow in preparing rate/rule filings for submission.

I.8.2 Use automated tracking for rate/rule filings to determine turn-around times.

PERFORMANCE INDICATORS

13945	Supporting	Average number of days from receipt of filing/submission by Office of Property & Casualty staff to referral to actuarial staff
13949	Supporting	Average number of days from receipt of filing/submission by actuary from Office of Property & Casualty support staff to actuary’s recommendation
20282	Supporting	Average number of days from receipt of rate filing/submission to final action by LDI
974	General	Total written premium (property, casualty, surety & inland marine) subject to regulation by LDI \$ in billions (includes Surplus Lines and Residual Market)
22853	General	Total written premium (property, casualty, surety & inland marine) classified as surplus lines \$ in billions
22854	General	Total written premium (property, casualty, surety & inland marine) classified as residual market \$ in millions
971	General	Number of submissions reviewed by actuary
22855	General	Average percentage change in property & casualty rates at end of fiscal year

EXPLANATORY NOTE

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF PROPERTY & CASUALTY –RATING

OBJECTIVE I.8 Through the Property and Casualty Rating Division to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
13945	Supporting	Average number of days from receipt of filing/submission by Office of Property & Casualty staff to referral to actuarial staff

Type and Level	Efficiency; Supporting
Rationale, Relevance, Reliability	The indicator measures the number of days from receipt of a filing/submission to the beginning of actuarial services. This data allows management to evaluate the efficiency of the current review process. The reliability of the data is affected by office closures and holidays.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty Rating Division in the Regulatory Management System (RMS).
Calculation Methodology	Divide the total number of days for OPC handling of rate filings by total number of rate filings completed during the reporting period.
Scope	The indicator is aggregated.
Caveats	Only filings for which the Rating Division completes its review in the fiscal period are included in the calculation.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of semi-annual reporting of performance indicator.
Responsible Person	Neysa P. Hurst, Insurance Manager, Office of Property and Casualty-Rating; Phone (225) 342-5455; Fax (225)342-5711; nhurst@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF PROPERTY & CASUALTY –RATING

OBJECTIVE I.8 Through the Property and Casualty Rating Division to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
13949	Supporting	Average number of days from receipt of filing/submission by actuary from Office of Property & Casualty support staff to actuary's recommendation

Type and Level	Efficiency; Supporting
Rationale, Relevance, Reliability	The indicator measures the number of days from receipt of a filing/submission by actuary to actuary's recommendation. This data allows management to evaluate the efficiency of the current review process. The reliability of the data is affected by office closures and holidays.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division in the Regulatory Management System (RMS).
Calculation Methodology	Divide the total number of days for actuarial staff review of rate filings by total number of rate filings completed during the reporting period.
Scope	The indicator is aggregated.
Caveats	Only filings for which the Rating Division has completed its review in the fiscal period are included in the calculation.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of semi-annual reporting of performance indicator.
Responsible Person	Rich Piazza, Chief Actuary; Phone (225) 342-4689; Fax (225) 342-9203; rpiazza@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF PROPERTY & CASUALTY –RATING

OBJECTIVE I.8 Through the Property and Casualty Rating Division to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
20282	Supporting	Average number of days from receipt of rate filing/submission to final action by LDI

Type and Level	Efficiency; Supporting
Rationale, Relevance, Reliability	The indicator measures the number of days it takes LDI to complete review of a filing/submission. This data allows management to evaluate the efficiency of the current review process. The reliability of the data is affected by office closures and holidays.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty Rating Division in the Regulatory Management System (RMS).
Calculation Methodology	Divide number of days from receipt to completion of review for all completed rate filings by the number of filings completing review during the reporting period.
Scope	The indicator is aggregated.
Caveats	Only filings completing entire rate review process are included in the calculation.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of semi-annual reporting of performance indicator.
Responsible Person	Neysa P. Hurst, Insurance Manager, Office of Property and Casualty-Rating; Phone (225) 342-5455; Fax (225)342-5711; nhurst@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF PROPERTY & CASUALTY –RATING

OBJECTIVE I.8 Through the Property and Casualty Rating Division to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
974	General	Total written premium (property, casualty, surety & inland marine) subject to regulation by LDI \$ in billions (includes Surplus Lines and Residual Market)

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the amount of premiums (property, casualty, surety and inland marine) regulated by LDI during the fiscal year. The LDI uses the information to determine each company's share of Louisiana's insurance market.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	This total is for calendar year ending during fiscal year.
Accuracy, Maintenance, Support	The data is maintained by the Office of Financial Solvency via the submission of annual reports and through supplemental data requests. By statute, the annual reports, which illustrate the financial data for a company for the previous year, shall be submitted to the Louisiana Department of Insurance by March 1 of each year.
Responsible Person	Rich Piazza, Chief Actuary; Phone (225) 342-4689; Fax (225) 342-9203; rpiazza@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF PROPERTY & CASUALTY –RATING

OBJECTIVE I.8 Through the Property and Casualty Rating Division to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
22853	General	Total written premium (property, casualty, surety & inland marine) classified as surplus lines \$ in billions

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the total premiums written by surplus lines companies in the state during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	This total is for calendar year ending during fiscal year.
Accuracy, Maintenance, Support	The data is maintained by the Office of Financial Solvency via the submission of annual reports and through supplemental data requests. By statute, the annual reports, which illustrate the financial data for a company for the previous year, shall be submitted to the Louisiana Department of Insurance by March 1 of each year.
Responsible Person	Rich Piazza, Chief Actuary; Phone (225) 342-4689; Fax (225) 342-9203; rpiazza@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF PROPERTY & CASUALTY –RATING

OBJECTIVE I.8 Through the Property and Casualty Rating Division to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
22854	General	Total written premium (property, casualty, surety & inland marine) classified as residual market \$ in millions

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures total premiums written by the residual market companies in the state during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Financial Solvency.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	This total is for calendar year ending during fiscal year.
Accuracy, Maintenance, Support	The data is maintained by the Office of Financial Solvency via the submission of annual reports and through supplemental data requests. By statute, the annual reports, which illustrate the financial data for a company for the previous year, shall be submitted to the Louisiana Department of Insurance by March 1 of each year.
Responsible Person	Rich Piazza, Chief Actuary; Phone (225) 342-4689; Fax (225) 342-9203; rpiazza@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF PROPERTY & CASUALTY –RATING

OBJECTIVE I.8 Through the Property and Casualty Rating Division to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
971	General	Number of submissions reviewed by actuary

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of rate filings/submissions reviewed by actuary during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Rich Piazza, Chief Actuary; Phone (225) 342-4689; Fax (225) 342-9203; rpiazza@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF PROPERTY & CASUALTY –RATING

OBJECTIVE I.8 Through the Property and Casualty Rating Division to process rate change requests in a timely manner.

LaPAS Code	Level	Performance Indicator Name
22181	General	Average percentage change in property & casualty rates at end of fiscal year

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the average percentage change in rates across all property & casualty lines in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Property & Casualty, Rate and Rule Division in the Regulatory Management System (RMS).
Calculation Methodology	The calculation method is the average approved rate change across all lines of business calculated by using the approved company's market share as a weight.
Scope	The indicator is aggregated.
Caveats	Companies that do not file or do file and are withdrawn or disapproved are assumed to have a zero percent rate change in the reporting period.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Rich Piazza, Chief Actuary, Rate; Phone (225) 342-4689; Fax (225) 342-9203; rpiazza@ldi.la.gov

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE
PROGRAM B – MARKET COMPLIANCE
PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

GOAL I Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

OBJECTIVE I.9 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

- I.9.1 Screen applicants for insurance licenses to prevent those with disqualifying criminal records from participating in the business of insurance, unless granted a 1033 waiver.
- I.9.2 Work with producer and company licensing division to educate insurance and producer license applicants in the proper submission of complete applications.
- I.9.3 Provide referrals to appropriate law enforcement when preliminary investigation by the Division of Insurance Fraud reveals evidence meriting a criminal fraud investigation and prosecution.

PERFORMANCE INDICATORS

12276	Key	Percentage of initial claim fraud complaint investigations completed within 10 working days
12278	Key	Percentage of background checks completed within 15 working days
962	General	Number of background checks performed for company and producer licensing divisions
12282	General	Number of claim fraud investigations opened
959	General	Number of claim fraud investigations referred to law enforcement
12279	General	Number of producer investigations opened
12281	General	Number of producer investigations referred to law enforcement
24332	General	Number of company investigations opened
24333	General	Number of company investigations referred to law enforcement
23502	General	Number of claims adjuster investigations opened
24334	General	Number of claims adjuster investigations referred to law enforcement
25410	General	Number of POST certified fraud investigators

EXPLANATORY NOTE

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.9 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
12276	Key	Percentage of initial claim fraud complaint investigations completed within 10 working days

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of initial claim fraud complaint investigations completed within 10 working days during the reporting period, thus tracking the amount of fraud reported and the Division of Insurance Fraud's timely case management.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Divide the number of initial investigations completed within 10 days by total number completed, expressed as a percentage.
Scope	The indicator is aggregated.
Caveats	An initial investigation means a complaint is investigated to determine whether a full investigation should be initiated, or if the report should be entered into the database and maintained for possible additional investigation at a later date.
Accuracy, Maintenance, Support	Data is maintained in the fraud database and spreadsheets. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 219-5819; Fax (225) 342-7393; mbstewart@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.9 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
12278	Key	Percentage of background checks completed within 15 working days

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of background checks completed within 15 working days during the reporting period. This is a consumer protection activity; completing background checks quickly benefits the applicants, the LDI's licensing efficiency, as well as the marketplace.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Divide number of background checks completed within 15 days by the total number completed, expressed as a percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the fraud database and spreadsheets. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 219-5819; Fax (225) 342-7393; mbstewart@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.9 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
962	General	Number of background checks performed for company and producer licensing divisions

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of background checks performed for company and producer licensing divisions during the fiscal year. This is a consumer protection activity; completing background checks quickly benefits the applicants, the LDI's licensing efficiency, as well as the marketplace.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	LDI performs biographical background checks on the officers, directors, persons who direct the company on a daily basis and owners of 10% or more of the company. Background checks on producers are limited to those who disclose they have been charged or convicted of a crime or who had an action taken against him/her by an insurance department, security regulator or other administrative entity.
Accuracy, Maintenance, Support	Data is maintained in the fraud database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 219-5819; Fax (225) 342-7393; mbstewart@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.9 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
12282	General	Number of claim fraud investigations opened

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of claim fraud investigations opened during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the fraud database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 219-5819; Fax (225) 342-7393; mbstewart@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.9 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
959	General	Number of claim fraud investigations referred to law enforcement

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of claim fraud investigations referred to law enforcement during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the fraud database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 219-5819; Fax (225) 342-7393; mbstewart@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.9 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
12279	General	Number of producer investigations opened

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of producer investigations opened in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the fraud database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 219-5819; Fax (225) 342-7393; mbstewart@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.9 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
12281	General	Number of producer investigations referred to law enforcement

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of producer investigations referred to law enforcement in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the fraud database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 219-5819; Fax (225) 342-7393; mbstewart@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.9 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
24332	General	Number of company investigations opened

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of company investigations opened in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the fraud database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 219-5819; Fax (225) 342-7393; mbstewart@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.9 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
24333	General	Number of company investigations referred to law enforcement

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of company investigations referred to law enforcement in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the fraud database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 219-5819; Fax (225) 342-7393; mbstewart@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.9 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
23502	General	Number of claims adjuster investigations opened

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of claims adjuster investigations opened in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the fraud database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 219-5819; Fax (225) 342-7393; mbstewart@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.9 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
24334	General	Number of claims adjuster investigations referred to law enforcement

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of claims adjuster investigations referred to law enforcement in the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the fraud database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 219-5819; Fax (225) 342-7393; mbstewart@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: DIVISION OF INSURANCE FRAUD

OBJECTIVE I.9 Through the Division of Insurance Fraud, to reduce incidences of insurance fraud in the state through screening of licensees, investigations of reported incidents, and consumer awareness.

LaPAS Code	Level	Performance Indicator Name
25410	General	Number of POST certified fraud investigators

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of fraud investigators who have completed law officer training and whom the Commissioner may authorize to carry firearms while conducting fraud investigations.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Division of Insurance Fraud.
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Data is maintained in the fraud database and spreadsheets. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Matthew Stewart, Director, Division of Insurance Fraud; Phone (225) 219-5819; Fax (225) 342-7393; mbstewart@ldi.la.gov

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE
PROGRAM B – MARKET COMPLIANCE
PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

GOAL I Regulate the insurance industry in the state (licensing of producers, insurance adjusters, public adjusters and insurers), and serve as advocate for the state’s insurance consumers.

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities’ conduct in the market.

State Outcome Goals Link: Transparent, Accountable and Effective Government

Children’s Budget Link: N/A

Human Resource Policies Beneficial to Women and Families Link: N/A

Other Links (TANF, Tobacco Settlement, Workforce Development Commission, or Other): N/A

STRATEGIES

I.10.1 Increase the expertise and knowledge among personnel through increased training and monitoring of newer examiners by more experienced examiners.

I.10.2 Distribute and manage workload to reach conclusion of consumer complaint investigations quickly.

PERFORMANCE INDICATORS

11937	Key	Number of companies analyzed – market conduct.
13958	Key	Average number of days to conclude a life, annuity, or long-term care complaint investigation.
22848	Key	Percentage of life, annuity, and long-term care complaint investigations completed within the performance standard.
987	Key	Average number of days to conclude a health insurance complaint investigation.
22856	Key	Percentage of health complaint investigations concluded within the performance standard.
10204	Key	Average number of days to conclude a property and casualty complaint investigation
25032	Key	Percentage of property and casualty complaint investigations concluded within the performance standard.
13960	General	Number of life, annuity, and long-term care complaints received
13961	General	Number of life, annuity, and long-term care complaint investigations concluded
13959	General	Amount of claim payments and premium refunds recovered for life, annuity and long-term care complainants.

6424	General	Number of health complaints received
6425	General	Number of health complaint investigations concluded.
989	General	Amount of claim payments and/or premium refunds recovered for health coverage complaints.
24331	General	Amount of claim payments/premium refunds recovered from self-insured plans
14211	General	Number of property and casualty complaints received
14212	General	Number of property and casualty complaint investigations concluded.
954	General	Amount of claim payments and/or premium refunds recovered for property and casualty complainants.

PERFORMANCE INDICATORS

EXPLANATORY NOTES: A consumer complaint may or may not result in a claim payment or premium refund from the insurer or producer, depending on the facts of the matter giving rise to the complaint. Complaints are investigated to determine whether the insurer or producer performed in compliance with the law and the terms and conditions of the policy. A consumer may expect payment for an item not covered by the policy or may not agree with the way a transaction was handled, but the company or producer may have acted properly and within the law.

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
11937	Key	Number of companies analyzed – market conduct

Type and Level	Output; Key
Rationale, Relevance, Reliability	The indicator measures the number of market conduct analysis performed in the reporting period.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Services
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report that tracks all companies analyzed for market conduct is maintained in the Market Conduct section.
Responsible Person	Jeffrey Zewe, Deputy Commissioner of Consumer Services; Phone (225) 342-0819; Fax (225) 219-7815 jzewe@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
13958	Key	Average number of days to investigate to conclusion a life, annuity or long-term care complaint

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the average time required to investigate a consumer complaint. The indicator assesses staff efficiency by measuring how consistently staff responds quickly to a complaint and completes an investigation.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of Office of Consumer Services in the Regulatory Management System (RMS).
Calculation Methodology	The calculation method is the average number of days for all investigations closed during the quarter.
Scope	The indicator is aggregated.
Caveats	Only closed files are included in this calculation. By law, regulated entities have 25 to 30 days to respond to an LDI directive requesting the company or agent's explanation regarding the complaint.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
22848	Key	Percentage of life, annuity, and long-term care complaint investigations completed within the performance standard

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of life, annuity and long-term care complaint investigations completed within the performance standard. The indicator assesses staff efficiency by measuring how quickly staff responds to a complaint and completes an investigation.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Services in the Regulatory Management System (RMS).
Calculation Methodology	The calculation method is a standard percentage calculation of the number of investigations closed within 42 days divided by the total number of investigations closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
987	Key	Average number of days to investigate to conclusion a consumer or provider health complaint

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the average number of days it takes to investigate to conclusion a consumer or provider health complaint, whether related to major medical or supplemental health insurance products. The indicator assesses staff efficiency by measuring how consistently staff responds quickly to a complaint and completes an investigation.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Regulatory Management System (RMS).
Calculation Methodology	Divide the total number of days to close complaints by the total number of complaints closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	Only completed complaint files are included in the calculation. By law, regulated entities have 25 to 30 days to respond to an LDI directive requesting the company or agent's explanation regarding the complaint.
Accuracy, Maintenance, Support	Reports are run from Regulatory Management System (RMS) at the close of the reporting period. Reports are maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
22856	Key	Percentage of health complaint investigations concluded within the performance standard

Type and Level	Efficiency: Key
Rationale, Relevance, Reliability	The indicator measures the percentage of health complaint investigations concluded within the performance standard. The indicator assesses staff efficiency by measuring how quickly staff responds to a complaint and completes an investigation.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Regulatory Management System (RMS).
Calculation Methodology	Divide the number of investigations closed within the performance standard by the total number of investigations closed during the reporting period, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are run from Regulatory Management System (RMS) at the close of the reporting period. Reports are maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
10204	Key	Average number of days to investigate to conclusion a property and casualty complaint

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the average time required to investigate to conclusion a P&C complaint during the reporting period. The indicator assesses staff efficiency by measuring how quickly staff responds to a complaint and completes an investigation.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Services in the Regulatory Management System (RMS).
Calculation Methodology	Divide the total number of days to close complaints by the total number of complaints closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	Only closed files are included in this calculation. By law, regulated entities have 25 to 30 days to respond to an LDI directive requesting the company or agent's explanation regarding the complaint.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
25032	Key	Percentage of property & casualty complaint investigations concluded within the performance standard

Type and Level	Efficiency; Key
Rationale, Relevance, Reliability	The indicator measures the percentage of property & casualty complaint investigations concluded within the performance standard. The indicator assesses staff efficiency by measuring how consistently staff responds quickly to a complaint and completes an investigation.
Use	The indicator will be used internally for management of staff and other resources.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Services in the Regulatory Management System (RMS).
Calculation Methodology	Divide the number of investigations closed within the performance standard by the total number of investigations closed during the reporting period, expressed as percentage.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
13960	General	Number of life, annuity and long-term care complaints received

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of consumer complaints received for the fiscal year. Tracking complaint volume assists management in making staffing decisions and may help indicate trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Services in the Regulatory Management System (RMS)
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of quarterly reporting of performance indicator.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
13961	General	Number of life, annuity and long-term care complaint investigations concluded

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of consumer complaints concluded in the fiscal year. Tracking number of complaints closed is another measure that staff is able to keep up with caseload and may help indicate trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Services in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
13959	General	Amount of claim payments/premium refunds recovered for life, annuity, and long-term care complainants

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the amount of premium refunds and claim payments recovered for life, annuity, and long-term care complainants during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Services in the Regulatory Management System (RMS).
Calculation Methodology	The calculation method is a standard sum of all premium refunds and claim payments related to complaint investigations.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of reporting of performance indicator.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
6424	General	Number of health complaints received

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator measures the number of health complaints received for the fiscal year. Tracking complaint volume assists management in making staffing decisions and may help indicate trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Services in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are run from Regulatory Management System (RMS) at the close of the reporting period. Reports are maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
6425	General	Number of health complaint investigations concluded

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of health complaint investigations concluded in the fiscal year. Tracking number of complaints closed is another measure that staff is able to keep up with caseload and may help indicate trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Reports are run from Regulatory Management System (RMS) at the close of the reporting period. Reports are maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
989	General	Amount of claim payments and/or premium refunds recovered for health coverage complainants

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the amount recovered for health complainants during the fiscal year. It provides a limited basis for cost-benefit analysis for the LDI's assisting consumers in their complaints against regulated entities and also may reveal trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Regulatory Management System (RMS).
Calculation Methodology	The calculation method is a sum of all recoveries for complaints closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	This does not include the recoveries for complainants of self-insured plans, reported in PI 24331.
Accuracy, Maintenance, Support	Reports are run from Regulatory Management System (RMS) at the close of the reporting period. Reports are maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
24331	General	Amount of claim payments/premium refunds recovered from self-insured plans

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the amount recovered from self-insured plans during the fiscal year. This indicator allows the LDI to distinguish claim payments/premium refunds from fully insured products. Additionally, this indicator is a courtesy service provided by the LDI to further assist consumers and providers with matters pertaining to their self-insured plans.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Regulatory Management System (RMS).
Calculation Methodology	The calculation method is a sum of all recoveries for complaints closed during the reporting period.
Scope	The indicator is aggregated.
Caveats	The funds recovered from self-insured plans are not included in the total reported for PI 989.
Accuracy, Maintenance, Support	Reports are run from Regulatory Management System (RMS) at the close of the reporting period. Reports are maintained with staff work papers within the Office of Health Insurance.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
14211	General	Number of property & casualty complaints received

Type and Level	Input; General
Rationale, Relevance, Reliability	The indicator reports the number of P&C complaints received during the fiscal year. Tracking complaint volume assists management in making staffing decisions and may help indicate trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Services in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
14212	General	Number of property & casualty complaint investigations concluded

Type and Level	Output; General
Rationale, Relevance, Reliability	The indicator measures the number of P&C complaint investigations concluded in the fiscal year. Tracking number of complaints closed is another measure that staff is able to keep up with caseload and may help indicate trends in market conduct of insurers.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Services in the Regulatory Management System (RMS).
Calculation Methodology	Standard count.
Scope	The indicator is aggregated.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Caveats	There are no caveats.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov

PERFORMANCE INDICATOR DOCUMENTATION

04-165 DEPARTMENT OF INSURANCE/COMMISSIONER OF INSURANCE

PROGRAM B – MARKET COMPLIANCE

PROGRAM ACTIVITY: OFFICE OF CONSUMER SERVICES

OBJECTIVE I.10 Through the Office of Consumer Services, to investigate to conclusion consumer complaints against insurers and producers within 42 days, to analyze complaint trends, and to examine regulated entities' conduct in the market.

LaPAS Code	Level	Performance Indicator Name
954	General	Amount of claim payments and/or premium refunds recovered for property & casualty complainants

Type and Level	Outcome; General
Rationale, Relevance, Reliability	The indicator measures the amount of claim payments and/or premium refunds recovered for P&C complainants for all complaints closed during the fiscal year.
Use	The indicator will be used both internally and externally.
Clarity	The indicator is clear.
Data Source, Collection, Reporting	The records of the Office of Consumer Services in the Regulatory Management System (RMS).
Calculation Methodology	The calculation method is a standard sum.
Scope	The indicator is aggregated.
Caveats	There are no caveats.
Accuracy, Maintenance, Support	Report run from Regulatory Management System (RMS) at close of reporting period. Report is maintained with work papers of fourth quarter reporting of performance indicator.
Responsible Person	Jim Potter, Insurance Manager, Office of Consumer Services; Phone (225) 219-5159; Fax (225) 219-7815 jpotter@ldi.la.gov